



Corrections and
Community Supervision

Therapeutic Diet Manual

DIRECTIVE #4311

NYS Department of Correctional and Community Supervision
OFFICE OF NUTRITIONAL SERVICES
April 2018



**NEW YORK STATE
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
OFFICE OF NUTRITIONAL SERVICES
DIRECTIVE #4311**

PURPOSE

Directive #4311, “Therapeutic Diet Manual,” establishes this manual as the prevailing document in the provision of therapeutic diets within the New York State Department of Correctional and Community Supervision. The Department provides therapeutic diets upon written request by an approved health care provider. The purpose of the Therapeutic Diet Manual is to:

- establish and promulgate the administrative and operation procedures governing the provision of therapeutic diets;
- provide guidance and direction to the health care providers and food service personnel in requesting and providing therapeutic diets.

TABLE OF CONTENTS

	Page #
POLICIES AND PROCEDURES	
Nutrition Professional Staff	3
Therapeutic Diet Requests	4
Algorithm for Processing Therapeutic Diet Requests	5
Therapeutic Diet Request Review and Renewal	6
Therapeutic Diet Meal Attendance	7
Therapeutic Diet Change or Cancellation	8
NYS DOCCS' Statewide Menus	9
Therapeutic Diet Summary	10
THERAPEUTIC DIETS:	
MODIFIED TEXTURE / CONSISTENCY	
Clear Liquid	11
Full Liquid	12
Soft	13
MODIFIED CONTENT (CONTROLLED A / B DIETS)	
Enhanced Fiber	14
Restricted Fat / Low Cholesterol	15
Restricted Sodium	16
Gastro-Esophageal Reflux Disease (GERD).....	17
Pregnancy and Lactation	18
Diet for Infants Nine Months of Age and Older	19
Food List for Infants Nine Months and Older	20
Limited Carbohydrates.....	21
MODIFIED CONTENT (PRO 1, 2 & 3 DIETS)	
Controlled Protein	22
OTHER CONSIDERATIONS	
Food Allergies, Intolerances & Aversions.....	23
Gluten-Free Diet	24
Lactose Intolerance vs. Milk Allergy.....	25
Medical Nutrition Supplements, Diet Education Materials, References.....	26

PROFESSIONAL NUTRITION STAFF

The New York State Department of Corrections and Community Supervision employs Nutritional Services Administrator 1 items, dietitians and dietitian technicians to provide professional skills in the delivery of nutritional care to the prison population.

Nutritional Services Administrator 1 (NSA1) / regional dietitians:

Under the general direction of the Nutritional Services' Assistant Director, the regional dietitian is responsible for the Central Office monitoring and administration of therapeutic diet programs in the assigned region. The regional dietitian functions as a liaison between Food Service and Health Services at the facility level. Regular site visits are conducted and outcomes are addressed with facility administrators. The regional dietitian assists with statewide nutrition policy and procedure development, diet manual revision and other administrative tasks. The regional dietitian also oversees medical nutrition therapy at the regional medical units (RMU) at Bedford Hills, Fishkill and Wende Correctional Facilities, as well as Walsh at Mohawk Correctional Facility.

Dietitians / Dietitian Technicians:

Under the direction of the NSA1, the dietitians and the dietitian technicians are the on-site nutrition support personnel for the regional medical units. These positions provide administrative support to the NSA1, monitor diet meal tray accuracy and train food service staff in basic therapeutic diet requirements.

Consultant Dietitians:

Medical Nutrition Therapy is provided to the Department of Correctional and Community Supervision dialysis units and Coxsackie RMU by consultant dietitians on a contractual basis.

THERAPEUTIC DIET REQUESTS

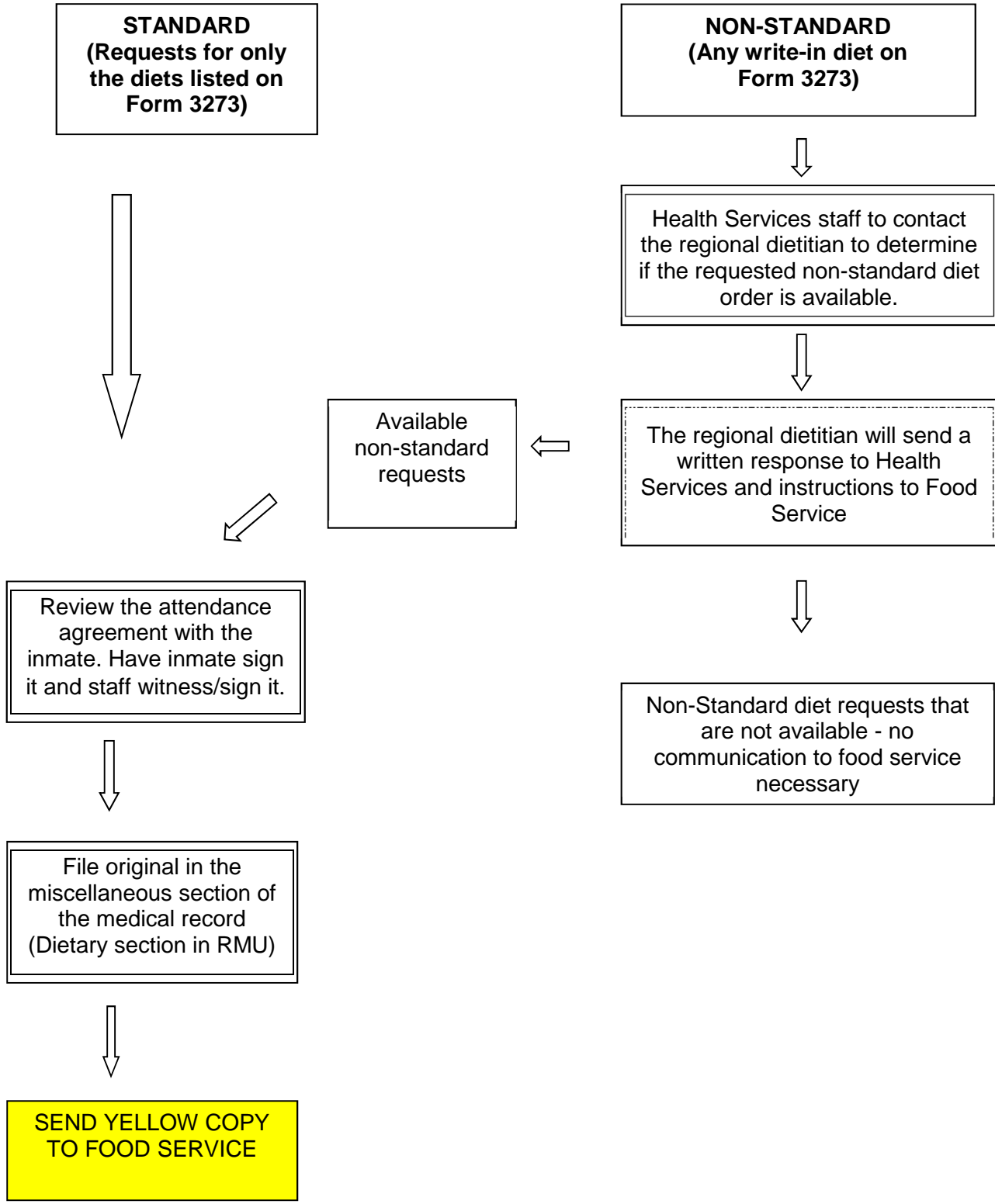
POLICY

Therapeutic diets are provided with a written prescription by an authorized health care provider in accordance with the following procedure.

PROCEDURE

1. Therapeutic diets (**including allergy diets**) shall be prescribed by an authorized health care provider. For the purpose of this manual an authorized health care provider is defined as a physician, dentist, physician's assistant, nurse practitioner, registered dietitian.
2. The Therapeutic Diet Request Form and Attendance Agreement, form #3273 is the communication tool used to request the prescribed therapeutic diet (including allergy diets) from the food service department and to apprise the inmate patient of the mandatory meal attendance policy.
 - The Therapeutic Diet Request Form and Attendance Agreement comprise one document and may be ordered from the Elmira Correctional Facility Industries' print shop, Form #3273.
 - The form must be completed in full and legibly signed by an authorized health care provider, the inmate and a witness.
 - The original remains in the inmate's health record under "*miscellaneous*" (or in the RMU the "*Dietary*" section.)
 - The duplicate is forwarded to the food service supervisor.
3. The prescribed therapeutic diet shall be appropriate for the documented diagnosis in the inmate's health record.
4. The diets listed on the therapeutic diet request form are routinely available from the food service department. Requests for diets that are not listed on this form require the prior approval of a regional dietitian (including food allergies). Diet requests that are not in compliance will be returned to the health care provider.
5. **Inmate requests for religious diets/foods shall not be prescribed by the health care provider.** For additional information regarding policy on religious food requests see Directive #4202, "Religious Programs & Practices," and Directive #4310, "Food Services Operations Manual."
6. The food service department will begin the diet by the noon meal of the day after receipt of the completed and signed diet request form.
7. Diet requests of an urgent nature and called to the food service department will be initiated as soon as possible. The telephone request must be followed by a signed diet request form within 72 hours.

**ALGORITHM FOR PROCESSING THERAPEUTIC DIET REQUESTS
IN THE GENERAL POPULATION SETTING**



THERAPEUTIC DIET REQUEST REVIEW AND RENEWAL

POLICY

Requests for therapeutic diets shall be reviewed and approved as current at least monthly by an authorized health care provider.

PROCEDURE

1. A current list of the therapeutic diet requests shall be maintained by food service.
2. Adjustments to the food service diet list are made based on the following criteria:
 - new or changed diet requests received;
 - diet cancellation by the health care provider received;
 - transfer, parole or death of the inmate.
3. At least monthly an authorized health care provider shall review and sign the updated therapeutic diet list. This signifies that each diet request is current and remains appropriate for the medical condition.

The updated and signed diet list shall be returned to the food service.

THERAPEUTIC DIET MEAL ATTENDANCE

POLICY

Meal attendance is mandatory for inmates receiving a therapeutic diet.

PROCEDURE

1. An authorized health care provider prescribes a therapeutic diet using the Therapeutic Diet Request Form and Attendance Agreement, Form 3273.
2. The inmate shall sign the attendance agreement portion of the Therapeutic Diet Request Form and Attendance Agreement that documents understanding of the meal attendance requirement and intention to comply. The meal attendance agreement is obtained by the health care provider at the time the therapeutic diet is prescribed.
3. The food service supervisor shall develop a therapeutic diet tracking form for recording attendance at mealtime. The forms must be reviewed weekly by the food service supervisor for compliance. These forms must be kept for three years. The attendance form shall contain the following information:
 - Name
 - DIN
 - Date of monitoring period
 - Signature or initials of person recording attendance for each meal
 - Grid for checking each meal for 7 days.
4. Missing greater than three (3) diet meals per week is a violation of the attendance policy. After verifying the attendance record, the food service supervisor shall advise facility health services in writing of the attendance violation. Food service or security staff may take disciplinary action.
5. Upon notification of violation of the attendance policy, the health care provider may: counsel the inmate or cancel the diet. Discontinuance of the therapeutic meals by a health care provider due to non-compliance shall be documented in the medical record.
6. Sharing / swapping of food is a violation of the therapeutic diet attendance policy.
7. An inmate may request to be placed back on the therapeutic diet meals program through the facility's sick call procedure. A new Therapeutic Diet Request Form and Attendance Agreement must be completed, signed and sent to food service. A pattern of multiple violations of the attendance policy will result in disciplinary action.

THERAPEUTIC DIET CHANGE OR CANCELLATION

POLICY

Therapeutic diet requests may be changed or canceled.

PROCEDURE

1. A therapeutic diet request is **changed** when a medical condition changes or a new diagnosis is made.
 - A. The health care provider shall advise the inmate that a diet change is indicated. This interaction is documented in the medical record.
 - B. A new Therapeutic Diet Request Form and Attendance Agreement, Form 3273, shall be completed and sent to the food service supervisor. The new diet request should reflect the complete diet prescription, not just the “*changed*” portion. The most recent diet request form supersedes all others.

2. A therapeutic diet request is **canceled** under the following circumstances:
 - A. An inmate may refuse participation in the therapeutic diet program. The health care provider shall advise the inmate of the negative health consequences that may result from diet non-compliance. To adequately document the interaction a *Refusal of Medical Examination and/or Treatment Form*, form 3195, shall be completed. A *Therapeutic Diet Request and Attendance Agreement* form marked “*diet cancellation*” shall be completed, signed by an authorized health care provider and sent to the food service supervisor. The inmate’s signature is not required.
 - B. A therapeutic diet is no longer indicated due to a change in medical condition; supporting documentation must be in the medical record. A *Therapeutic Diet Request and Attendance Agreement* form marked “*diet cancellation*” shall be completed, signed by an authorized health care provider and sent to the food service supervisor. The inmate’s signature is not required.
 - C. If the inmate fails to comply with the signed therapeutic diet attendance agreement, participation in the diet meals program may be canceled by a health care provider. A *Therapeutic Diet Request Form and Attendance Agreement* marked “*diet cancellation*” shall be completed, signed by an authorized health care provider and sent to the food service supervisor. The inmate’s signature is not required.

NYS DOCCS STATEWIDE MENUS

DISCUSSION

The menus are designed to maintain or improve the nutritional health of inmates while incarcerated.

1. The **General Confinement Menu** is a cycle menu and is revised as needed. This menu offers an average of 2,800 calories and 90 grams protein per day.
2. The **Adolescent Menu** is a cycle menu and is revised as needed. This menu offers an average of 3,000 calories and 110 grams protein.
3. The **Shock Incarceration Menu** is a cycle menu and is revised as needed. This menu offers an average of 3,800 calories and 125 grams protein.
4. **Modified Menus** are prepared according to the diet requested. The therapeutic diets are patterned after the general confinement menu, utilizing as many of the same food items as possible. Food items are changed when necessary for therapeutic or production purposes. The **Modified Menu** is organized into menu categories entitled **Controlled A & B, PRO 1A & B, PRO 2A & B, and PRO 3A & B.**
5. "Double portions" of food is not considered a therapeutic diet and is not available. Refer to the Health Services Policy #1.46 on medical nutrition supplements for additional calories and protein between meals. Contact the regional dietitian for assistance with determining calorie and protein needs.
6. **Religious Menus** are developed jointly by the Office of Nutritional Services and the Division of Ministerial, Family and Volunteer Services. Inmate requests for religious diets should be directed to the facility's ministerial services. The Therapeutic Diet Request Form and Attendance Agreement (#3273) is not used to order religious diets. To maintain religious integrity, **Religious Menus** must be strictly followed. A request for the combination of a therapeutic and religious diet is addressed by Central Office Nutritional Services to assure the needs in both areas are reasonably accommodated.

Alternative and Religious Menus are also discussed in Directive #4202 and Directive #4310.

THERAPEUTIC DIET SUMMARY

MODIFIED TEXTURE / CONSISTENCY:

Clear Liquid: Fluids and foods that are clear liquid at body temperature

- Pre-op or diagnostic GI procedures, post-op for gradual transition to a normal diet, provide rest to GI tract (nausea, vomiting or inflammatory diseases of GI tract)
- *An expiration date must be included with the diet request*

Full Liquid: Nutrient dense liquids or semi-liquids at room temperature

- Acute illness, in transition to solids, chewing significantly impaired
- *An expiration date must be included with the diet request*

Soft: Moist texture, easy to chew and swallow

- Sore mouth, dental problems, impaired GI tract, dysphagia
- *An expiration date must be included with the diet request*

Pureed diets are available at RMUs only, consult the regional dietitian

MODIFIED CONTENT:

Controlled A: Enhanced fiber, restricted sodium / fat / cholesterol

- Approximately 2,300 calories, 2,400 mg sodium, 215 mg cholesterol, 33 g dietary fiber
- Constipation, cardiovascular disease, hypertension, gastroesophageal reflux

Controlled B: Same as Controlled A plus limited carbohydrates

- Approximately 2,200 calories
- Constipation, cardiovascular disease, hypertension, gastroesophageal reflux **and** blood glucose control

Pro 1A: Restricted protein and sodium

- Approximately 2,100 calories, 65 g protein, <2,400 mg sodium
- Short term treatment of symptomatic encephalopathy

Pro 2A: Restricted protein, sodium, potassium and phosphorus

- Approximately 2,100 calories, 68 g protein, <2,400 mg sodium, <3,000 mg potassium, <1,000 mg phosphorus
- Acute Renal Failure, End Stage Renal Failure (ESRF), Nephrotic Syndrome

Pro 3A: Moderate protein, reduced sodium/potassium/phosphorus

- Approximately 2,250 calories, 91 g protein, <2,400 mg sodium, <4,000 mg potassium, <1,000 mg phosphorus
- End stage renal disease **and** receiving hemodialysis or peritoneal dialysis

Protein controlled diets with comorbidity of **blood glucose imbalance** order the 'B' version for limited carbohydrates. These diets offer an option for an evening snack.

FOOD ALLERGIES:

Confirmed food allergies require consultation with the regional dietitian in order for the proper meal plan to be arranged with food service.

CLEAR LIQUID DIET

OBJECTIVE

- ✓ The objective of the diet is to provide very low residue liquids that are easily absorbed by the gastrointestinal tract.

DISCUSSION

The clear liquid diet consists of fluids and foods that are clear liquid at body temperature. This diet can be used for: pre-operative or diagnostic procedures of the bowel and colon, post-operatively and to provide comfort and/or rest to the gastrointestinal tract for disturbances, such as nausea, vomiting or inflammatory diseases of the bowel. Because of the high sugar content, a clear liquid diet is not recommended for treatment of diarrhea.

All clear liquid diet requests must have an expiration date. The meal plan for the clear liquid diet is nutritionally inadequate and should not be prescribed for longer than three days without adding a nutrition supplement. Consult with the regional dietitian for information regarding medical nutrition supplements formulated for clear liquid diets.

DIETARY PROVISIONS/PREPARATION INFORMATION

1. Foods may not contain any particles or pulp;
2. Allow water, tea, black coffee, apple juice, grape juice, fruit-flavored beverages, bouillon, plain gelatin desserts, frozen juice bars and sugar are allowed;
3. At least two quarts (or eight cups) of clear liquid should be given daily;

Milk and dairy products are NOT clear liquids and may not be given.

NOTE: Some diagnostic procedures require caffeine restrictions. Other procedures restrict red and purple liquids such as cranberry and grape juice, gelatin or frozen juice bars. Nutritional Services' personnel should make appropriate substitutions when advised by the regional dietitian or health services personnel.

SAMPLE CLEAR LIQUID MENU:

BREAKFAST:

2 – 4oz Apple Juice
1 – 8oz Broth, prepared
1 cup Flavored Gelatin
1 Frozen Juice Bar, if available
1 – 8oz Coffee
2 Sugar packets

LUNCH AND DINNER:

2 - 4oz Apple Juice
1 – 8oz Bouillon, prepared
1 cup Flavored Gelatin
1 – 8oz Fruit-flavored beverage
1 – Frozen Juice Bar
1 Tea bag and 8oz hot water
2 Sugar packets

FULL LIQUID DIET

OBJECTIVE

- ✓ The objective of the diet is to provide nutrient dense liquids for individuals who cannot tolerate solid food.

DISCUSSION

The full liquid diet consists of foods that are liquid or semi-liquid at room temperature. This diet is indicated when solid food is not tolerated during acute illness or when chewing ability is impaired. The meal plan for the full liquid diet is nutritionally inadequate and should not be prescribed for longer than five days without adding a medical nutrition supplement. Consult with the regional dietitian as to the most appropriate formula. **This diet request must have an expiration date.**

DIETARY PROVISIONS/PREPARATION INFORMATION

1. At least two quarts (eight cups) of liquid should be given daily;
2. Allow all foods from the clear liquid diet;
3. Also allow milk, milk drinks, plain puddings, plain ice cream, sherbet, frozen juice bar, yogurt, prepared bouillon.

SAMPLE FULL LIQUID MEALS:

BREAKFAST:

2 – 4oz Apple Juice
1 – 8oz Bouillon, prepared
1 – ½ cup Flavored Gelatin
1 – 4oz Yogurt, no fruit
2 – 8oz White Milk
1 – 8oz Coffee
2 Sugar packets

LUNCH AND DINNER:

2 – 4oz Apple Juice
1 – 8oz Bouillon, prepared
1 – ½ cup Flavored Gelatin
1 – ½ cup Pudding, chocolate or vanilla
1 – ½ cup Ice Cream, Sherbet or 1 Frozen Juice Bar
2 – 8oz White Milk
1 Tea Bag and 8 oz. hot water
2 Sugar packets

SOFT DIET

OBJECTIVE

- ✓ The objective of the diet is to provide foods of a moist texture that are easy to chew and swallow.

DISCUSSION

This diet is indicated for individuals with sore mouth, dental problems, impaired gastrointestinal tract or dysphagia. This diet is often needed for short periods of time, therefore, **an expiration date is required with the diet request.**

DIETARY PROVISIONS/PREPARATION INFORMATION

Either the general or modified menu can be used for soft diets with the following changes:

BREAKFAST: No fresh fruit except bananas, no bagels or toast.

LUNCH & DINNER:

ENTREES: Grind all hot meats (or chop very fine), remove casing from sausage / hot dogs.

Substitute items that cannot be ground (breaded fish, burrito, Jamaican beef patty, pizza & grilled cheese.)

STARCHES: No potato skins, potato salad or macaroni salad.

VEGETABLES: No raw vegetables.

BREADS: All are allowed.

DESSERTS/FRUIT: No fresh fruit except bananas, no cookies.

CONDIMENTS: All are allowed.

BEVERAGES: All are allowed.

Provide substitutions with foods allowed. Be sure meats are kept moist.

ENHANCED FIBER DIET

OBJECTIVE

- ✓ The objective of the Enhanced Fiber diet is to increase the size and bulk of the stool in order to promote normal laxation in the individual.

DISCUSSION

This diet is generally used in the prevention and/or treatment of constipation and non-inflammatory diseases of the colon such as diverticulosis and spastic colon.

Research has also shown a positive relationship between dietary fiber and weight control, stabilization of blood sugar in individuals with prediabetes and diabetes mellitus.

DIETARY PROVISIONS/PREPARATION INFORMATION

An enhanced fiber diet is obtained by requesting a **Controlled A** diet.

The Controlled A Menu offers an average of approximately 33 grams dietary fiber per day.

RESTRICTED FAT / CHOLESTEROL DIET

OBJECTIVE

- ✓ The objective of the diet is to limit foods that are high in saturated fats, trans fats and cholesterol in order to improve lipid profiles in those with cardiovascular disease.

DISCUSSION

A diet low in saturated fats, trans fats and cholesterol is recommended for treatment of cardiovascular disease. A diet low in total fats is commonly used for disorders of the pancreas, gall bladder, liver and gastrointestinal tract.

DIETARY PROVISIONS/PREPARATION INFORMATION

A restricted fat / cholesterol meal plan is obtained by requesting a **Controlled A** diet. This meal plan consists of plainly prepared foods, 1% milk, baked fish, meat and poultry; whole grains, vegetables, fruits and limited fat-containing condiments.

The Controlled A Menu offers an average of approximately 215 mg cholesterol per day, less than 30% calories from fat, less than 10% calories from saturated fat and no added trans-fats.

RESTRICTED SODIUM DIET

OBJECTIVE

- ✓ The objective of the diet is to limit sodium intake.

DISCUSSION

Sodium is critical for maintenance of fluid balance, transmission of nerve impulses and muscle contraction. Sodium may need to be restricted to treat hypertension, cardiovascular disease, heart failure, kidney disease or for disorders of fluid imbalance.

DIETARY PROVISIONS/PREPARATION INFORMATION

A sodium restricted meal plan is obtained by requesting a **Controlled A** diet. This meal plan consists of plainly prepared and minimally processed foods.

The Controlled A Menu offers an average of less than 2,400 mg sodium per day.

GASTROESOPHAGEAL REFLUX DISEASE (GERD)

OBJECTIVE

- ✓ The objective of the diet is to reduce and/or prevent symptoms associated with gastro-esophageal reflux, or heartburn.

DISCUSSION

GERD is a condition whereby stomach acid leaks back into the lower esophagus, causing pain, irritation and/or inflammation of the lining of the esophagus. Over time, this can narrow and/or erode the esophagus and produce bleeding, difficulty in swallowing and increased risk for esophageal cancer.

DIETARY PROVISION/PREPARATION INFORMATION

It is recommended that individuals with GERD be placed on the **Controlled A** diet. This meal plan includes many plainly prepared lower fat foods with minimal use of spices.

PREGNANCY AND LACTATION DIET

OBJECTIVE

- ✓ The objective of the diet during pregnancy is to provide the growing fetus nutrients needed for optimal growth and development.
- ✓ The objective of the diet for lactating mothers is to continue to nourish the infant with ample milk for growth outside the womb.

DISCUSSION

1. Nutritional Needs of the Pregnant Woman:

- **Energy:** an additional 340 calories are needed during the second trimester and an extra 450 calories are needed during the third trimester;
- **Protein:** 71 grams of protein per day are needed throughout pregnancy;
- **Carbohydrate:** at least 175 grams of carbohydrate per day are needed to spare protein from energy use and to prevent ketone formation that may damage the fetal brain;
- **Fat:** a moderate fat intake is recommended with emphasis on unsaturated fatty acids to optimize fetal brain growth;
- **Vitamins and Minerals:** In addition to vitamins and minerals found in food, a pre-natal supplement is offered to the pregnant women through health services.
- **Dietary Fiber:** Increased intake of high fiber foods, such as, vegetables, fruits and whole grains to help prevent constipation.
- **Fluids:** Increased fluid intake (2-3 quarts/day) is important to aid with constipation.
- **Calcium:** Adequate calcium is needed for pregnant women and baby's bones. Calcium is found in milk (preferable low fat), yogurt and cheese.

2. Weight Gain During Pregnancy: Regardless of the current weight status of the pregnant woman, some weight gain is advised. The following guidelines provide approximate weight gain recommendations for pregnant women based on pre-pregnancy BMI:

- **Underweight:** (BMI <18.5) – 28-40 lbs.
- **Healthy Weight:** (BMI 18.5-24.9) – 25-35 lbs.
- **Overweight:** (BMI 22-29.9) – 15-25 lbs.
- **Obese:** (BMI >30) – 11-20 lbs.

Most weight gain should occur in the second and early third trimester (18-30 weeks). Too much weight gain is not good for the baby.

3. Nutritional Needs of the Lactating Woman: The types and amounts of foods given during pregnancy more than meet the caloric and nutrient needs of the lactating woman. The Pregnancy/Lactation diet will be maintained as long as the mother is breast-feeding.

DIETARY PROVISIONS/PREPARATION INFORMATION

A meal plan for pregnancy/lactation is obtained by requesting a Controlled A diet and indicating it is for pregnancy/lactation. An evening snack will automatically be added and substitutions made for processed meat (bologna, salami, ham, turkey.) This meal plan provides an average of 2,500 calories and 125 grams protein per day.

DIET FOR INFANTS NINE MONTHS OF AGE AND OLDER

OBJECTIVE

- ✓ The objective of the diet is to provide infants who reside within DOCCS developmentally appropriate and nutrient dense foods that meet their nutritional and caloric needs.

DISCUSSION

Infants from birth to 4-6 months are generally fed breast milk, formula or a combination of the two. By about **four months** of age, most infants are introduced to solid foods – cereal first, followed by fruits, vegetables, lean meats and soft grains.

The foods given during this transition stage (in addition to breast milk and/or formula) are age-appropriate baby foods specially purchased through the nursery. However, by the time the infant reaches **nine months** of age, he/she is generally ready for table food - food that is plainly prepared, cut up and fed to the infant or picked up by the infant for self-feeding.

The meals that these older infants receive from food service provide developmentally appropriate food items either as the sole source of nutrition or as an adjunct to the food that the inmate mother provides. Thus, it consists of soft foods from all of the above food groups that can be easily chewed and swallowed.

DIETARY PROVISIONS/PREPARATION INFORMATION

The foods that are provided to the infants over nine months of age are outlined on the following page. The meals, as served, more than meet the energy and nutrient requirements of this age group.

FOOD LIST FOR INFANTS NINE MONTHS OF AGE AND OLDER

FOODS ALLOWED	FOODS NOT ALLOWED
STARCHES: Whole wheat bread, Rice Krispies, oatmeal, grits, farina, wheatena, Cheerios, pancakes, waffles, plain rice, noodles/pasta, mashed potatoes.	All other breads; seasoned potatoes; other seasoned starches; any food not on the allowed list.
MEAT/POULTRY: Stew meat, hamburger patty, baked chicken, plain turkey, egg. <i>Cut meat into small pieces, no bones.</i>	Fried chicken, and/or processed meat (bologna, salami, ham, turkey); liver; all fish (including tuna); sausage.
VEGETABLES: All cooked vegetables <i>except corn and cabbage.</i>	Raw vegetables, including salad items; tomatoes; tomato sauce; red beans/chickpeas; corn, cabbage.
FRUIT: Banana; canned fruit	All raw fruit except ripe banana.
MILK/DAIRY: Cheese, yogurt.	Pudding; ice cream; custard; all other foods not mentioned in the allowed column. No fluid milk until 12 months old.
COMBINATION FOODS: Macaroni and cheese (½ cup); plain ravioli (2) and stuffed shells (1).	All other combination foods, including pizza.
FATS/OILS/CONDIMENTS: Margarine	All other fats/oils/condiments.
DESSERTS: Banana, canned fruit, yogurt.	All other desserts.

SAMPLE ONE DAY MENU: NOTE PORTION SIZE OF FOOD AND USE AS A GUIDE WHEN MAKING THE BABY TRAYS.

DO NOT PUT MILK ON THE TRAYS. *INFANTS NINE MONTHS TO ONE YEAR RECEIVE BREAST MILK AND/OR FORMULA.* Children 1 year and older receive whole milk supplied in bulk by food service.

- **Breakfast:** ½ cup hot or cold cereal; 1 slice whole wheat bread; 1 pat margarine; ½ cup canned fruit or 1 ripe banana as available. **No beverage on tray.**
- **Lunch:** 2 oz. lean meat; ½ cup rice, noodles or potato; ½ cup allowed vegetable; 1 slice whole wheat bread; 1 pat margarine; ½ cup canned fruit. **No beverage on tray.**
- **Dinner:** same as lunch. Vary the meat, starch, vegetable and fruit. Do not give the same meal for lunch and dinner. **No beverage on tray.**

LIMITED CARBOHYDRATES DIET

OBJECTIVE

- ✓ The objective of the diet is to promote optimal blood glucose control.

DISCUSSION

Limiting carbohydrates is an essential component of the successful management of prediabetes, gestational diabetes, diabetes mellitus or insulin and blood glucose imbalances. Adherence to the diet is meant to avoid, delay or minimize complications associated with poor blood glucose control.

Type 1 Diabetes Mellitus: requires insulin therapy due to the body's inability to produce insulin. The dosage and type of insulin used and the timing of the meals and snacks must be coordinated. Meals (and snacks when necessary) should contain a consistent amount of carbohydrate. Blood glucose levels should be monitored regularly and insulin dosages adjusted for the amount of carbohydrate eaten along with the level of exercise activity.

Type 2 Diabetes Mellitus: usually does not require insulin therapy. Typically diet, exercise and oral hypoglycemic agents are used to achieve blood glucose control. Insulin therapy may become necessary. Consistency in meal times and carbohydrate content of meals is important to minimize blood glucose fluctuations.

Insulin pump treatment: consult the regional dietitian for information on carbohydrate counting.

DIETARY PROVISIONS/PREPARATION INFORMATION

A diet limited in carbohydrates is obtained by requesting a **Controlled B** diet. The Controlled B Menu offers an average of approximately 2,200 calories per day with approximately 55% of the calories as carbohydrates. The addition of an evening snack may be prescribed separately and should be determined on an individual basis.

CONTROLLED PROTEIN DIETS

OBJECTIVE

- ✓ The objective of the controlled protein diet is decrease the wastes produced by protein metabolism.

DISCUSSION

There are three levels of protein controlled diets offered, depending on the nature of the disease and the level of restriction needed.

1. **Pro 1 (restricted protein and sodium):** used as short-term treatment for symptomatic hepatic encephalopathy. ***An expiration date must be included with the diet request.***

Protein restriction and liver disease: Studies show that protein-restricted diets can result in the breakdown of endogenous protein in the patient with advanced liver disease. Most patients with advanced liver disease can tolerate up to 1.5 g protein/kg body weight/day and fare well on a restricted sodium diet using the Controlled A diet without any other dietary restriction.

2. **Pro 2 (restricted protein, sodium, potassium and phosphorus):** used to treat individuals with acute renal failure, nephrotic syndrome, or End Stage Renal Disease (ESRD).
3. **Pro 3 (moderate protein, restricted sodium, potassium, phosphorus):** used to treat individuals with ESRD who are currently receiving hemodialysis or peritoneal dialysis.

DIETARY PROVISIONS/PREPARATION INFORMATION

A controlled protein diet is obtained by requesting one of the following diets:

- **Pro 1A** - offers approximately 2,100 calories, 65 g protein and <2,400 mg sodium.
- **Pro 2A** - offers approximately 2,100 calories, 68 g protein, and <2,400 mg sodium, <3,000 mg potassium, and <1,000 mg phosphorus.
- **Pro 3A** - offers approximately 2,250 calories, 91 g protein, <2,400 mg sodium, <4,000 mg potassium and <1,000 mg phosphorus.

The **Pro 1B**, **Pro 2B** or **Pro 3B** diet plans are used when there is also a need to limit carbohydrates. These diets include the option of adding an evening snack.

Consult the regional dietitian for assistance in selecting the appropriate diet or if a fluid restriction is required.

FOOD ALLERGIES, INTOLERANCES AND AVERSIONS

OBJECTIVE

- ✓ The objective of the diet is to eliminate the specific food that causes an **allergic** reaction.

DISCUSSION

Food allergy is an abnormal reaction to a specific food by the body's immune system. When an offending food is eaten, the immune system produces the antibody Immunoglobulin E (IgE). Subsequent allergic reactions can range from mild to life threatening. The current treatment for food allergy is complete avoidance of the offending food. Avoiding foods over time can result in one or more nutrient deficiencies, therefore, it is important to confirm an allegation of food allergy before eliminating foods from the diet permanently.

The following foods are either common allergens or are widely incorporated into the general confinement menu: fish (cod, tuna), tomatoes, onions, corn, milk/dairy, wheat/gluten, soy, eggs and peanuts. It is recommended that claims of allergy to any of these foods be verified by immunoassay testing for IgE. Results indicating 'below detectable limits' or 'absent' do not warrant dietary intervention; results greater are accepted as positive.

IgG testing is not approved by the FDA (Food & Drug Administration) for diagnosing food allergies. Testing food group mixes with a positive result requires retesting of individual foods to determine which food caused the reaction. For this reason, it is recommended that individual suspected foods be tested and not food groups.

When dietary changes are needed, a Therapeutic Diet Request Form and Attendance Agreement, form 3273, is to be completed, add the verified food allergy, then email the regional dietitian who will coordinate the meal plan with food service staff.

Food intolerance is often confused with a food allergy because it can have similar symptoms. Food intolerance does not involve the immune system. The symptoms of food intolerance may cause the individual to feel ill but are rarely dangerous or life threatening. It is important to distinguish between food intolerance and allergy to prevent the unnecessary omission of a food.

Food aversion is a strong dislike for a particular food.

DIETARY PROVISIONS/PREPARATION INFORMATION

Upon receipt of a completed Therapeutic Diet Request Form and Attendance Agreement (Form #3273) indicating an **allergy** to one or more of the common food allergens, food service will eliminate the offending foods with modifications made to the meal plan as necessary.

Substitutions are not made based on food intolerances or aversions.

GLUTEN-FREE DIET

OBJECTIVE

- ✓ The objective of the diet is to eliminate gluten, a protein found primarily in wheat, rye and barley. While oats do not contain gluten, they are eliminated from the diet due to the high risk of contamination with gluten during processing.

DISCUSSION

A gluten-free diet is used in the treatment of celiac disease, gluten-sensitive enteropathy or dermatitis herpetiformis.

When ingested, gluten causes an immunologic reaction in the body resulting in damage to the cells lining the walls of the small intestine. Intestinal villi are destroyed, leading to malabsorption of nutrients, severe abdominal pain, diarrhea, constipation and/or weight loss. Celiac disease is a lifelong condition and the only treatment is total abstinence from gluten containing foods. Until a diagnosis is made, gluten should not be restricted, as it will likely cause inaccurate test results.

In newly diagnosed celiac disease, a person may have trouble digesting certain foods until the small intestine heals and absorption of nutrients returns to normal. Thus, lactose intolerance and/or fat malabsorption may occur, necessitating further, at least temporarily, dietary modification.

DIETARY PROVISIONS/PREPARATION INFORMATION

A gluten-free diet is obtained by adding 'gluten-free' on the Therapeutic Diet Request Form and Attendance Agreement **and** contacting the regional dietitian.

This diet includes foods that are plainly prepared so offending foods containing wheat, barley, rye and oats can be easily identified and eliminated. The diet may include foods that do not occur on other DOCCS' menus, therefore, food service will need to procure these items through the prime source vendor.

LACTOSE INTOLERANCE vs. MILK ALLERGY

OBJECTIVE

- ✓ The objective for individuals with lactose intolerance is to avoid the most common sources of lactose in the diet to alleviate symptoms associated with this intolerance.
- ✓ Milk allergy is less common and requires avoidance of all dairy sources. See the section on Food Allergies for further discussion.

DISCUSSION

Lactose intolerance is an inability of the body to digest lactose, a carbohydrate found in milk and, to a lesser extent, milk products. This intolerance to milk should not be confused with **milk allergy**, which is an immune reaction to milk protein. Common symptoms of lactose intolerance include bloating, gas, abdominal pain, diarrhea and/or nausea. The most common sources of lactose are milk and milk products. There may also be small amounts of lactose in processed foods.

Individuals who have been diagnosed with lactose intolerance do not necessarily have to avoid lactose-containing foods entirely. It may be possible to enjoy such foods by following some simple guidelines:

1. Start with small portions of milk to allow however much lactase the body makes, act on the lactose in the milk;
2. Slowly increase the amount of milk in the diet over time until symptoms occur; the limit of lactose in the diet has been reached;
3. Consume milk with other food, not on an empty stomach;
4. Cheese and yogurt may be a little easier to tolerate since most of the lactose is either removed or fermented;
5. Use lactase chewable tablets along with milk and dairy products to help digest the lactose and help avoid symptoms of intolerance.

NOTE: If milk allergy or severe lactose intolerance requires avoidance of all forms of dairy, then calcium and vitamin D supplementation is recommended in the range of 800–1000 mg calcium and 200–400 IU vitamin D. Contact the regional dietitian for assistance with estimating calcium and vitamin D needs.

DIETARY PROVISIONS/PREPARATION INFORMATION

For **lactose intolerance**, there is no lactose-free diet. Individuals can avoid foods or quantities they find difficult to tolerate.

For **milk protein allergy**, see section on food allergies.

MEDICAL NUTRITIONAL SUPPLEMENTS

DISCUSSION

Health Services Policy #1.46 outlines the procedure and criteria for ordering a nutritional supplement.

Consult the regional dietitian, as needed, for assessing the need for a nutritional supplement or recommending an appropriate product or dose.

DIET EDUCATION

Diet educational materials will be supplied by the regional dietitian, periodically or upon request, in order for materials to be current.

REFERENCES

Academy of Nutrition and Dietetics. Nutrition Care Manual.
<http://www.nutritioncaremanual.org>. Accessed April 6, 2018.

Medical Nutrition & Disease “A Case Based Approach,” 5th Edition.
Edited by Lisa Hark, PhD, RD, Darwin Deen, MD, MS and Gail Morrison, MD.
Chapter 3, Nutrition in Pregnancy and Lactation,” by Elizabeth Horvitz West, Lisa Hark
And Darwin Deen.