

3.1.12 Outpatient Dietary Intervention

(a) Policy

California Department of Corrections and Rehabilitation (CDCR) provides patients with meals based on a CDCR Standardized Master Menu consistent with a CDCR Heart Healthy Diet. The CDCR Heart Healthy Diet eliminates the need for most therapeutic diets with appropriate patient diet instruction. California Correctional Health Care Services (CCHCS) shall provide diet instruction, outpatient therapeutic diets, texture modified diets, nourishments, and supplements as clinically indicated. It is the responsibility of each patient to monitor their diet in order to maintain optimum health.

(b) Purpose

- (1) Ensure that patients with identified nutritional needs are provided diet instruction.
- (2) Ensure that patients have clinically accurate information regarding appropriate nutritional choices.
- (3) Ensure that patients receive medically necessary outpatient therapeutic diets, texture modified diets, nourishments, or supplements.

(c) Responsibility

(1) Statewide

The CCHCS Nutrition Subcommittee is responsible for:

- (A) Annual review of this procedure.
- (B) Recommending diet education handouts to the Clinical Operations Team and the Joint Clinical Executive Team for their approval.
- (C) Overseeing the distribution of diet education handouts to all institutions.

(2) Regional

Regional Health Care Executives are responsible for the implementation of this procedure at the subset of institutions within their assigned region.

(3) Institutional

- (A) The Chief Executive Officer (CEO), or designee, has overall responsibility for implementation and ongoing oversight of a system to provide outpatient therapeutic diets, texture modified diets, nourishments, or supplements to patients.
- (B) The institution-based Registered Dietitian is responsible for:
 1. Providing patients with dietary consultation or education as ordered by a Primary Care Provider (PCP) or dentist, including recommending therapeutic diets, texture modified diets, nourishments, and supplements.
 2. Ensuring that standardized CDCR patient diet education handouts are available for use during diet instruction and patient care.
 3. Ensuring that therapeutic diets and texture modified diets are prepared pursuant to this procedure.
 4. Coordinating the distribution of therapeutic diets and texture modified diets to outpatients.
- (C) An institution without a Registered Dietitian shall designate how and by whom the responsibilities of the Registered Dietitian shall be performed in a local operating procedure (LOP).
- (D) The PCP or dentist is responsible for ordering medically necessary therapeutic diets, texture modified diets, nourishments, and supplements following CCHCS guidelines outlined in this procedure.

(d) Procedure

(1) Dietary Consultation/Instruction

- (A) The PCP or dentist shall refer patients for dietary consultation by entering an order for "Consult to Registered Dietitian" in the health record. The order shall indicate the medical or dental condition requiring dietary consultation and any special medical and/or dietary considerations.
- (B) Conditions for which dietary consultation may be considered include, but are not limited to:
 1. Pregnancy
 2. Disorders of mastication or dysphagia
 3. Unintentional weight loss of greater than ten percent of body weight during the prior six months
 4. Body Mass Index (BMI) less than 18
 5. Diabetes
 6. Hepatic disease
 7. Kidney disease
 8. Celiac disease

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES
Health Care Department Operations Manual

9. Patients receiving Liquid Nutritional Supplements (LNS)
10. Food allergies or intolerances
11. Obesity BMI \geq 30
12. Patients with other medical or dental conditions that the treating clinician determines, based on evidence, will benefit from the consultation.

(C) The Registered Dietitian, or designee, shall document dietary consultation and recommendations in the health record.

(D) Standardized CDCR patient dietary education handouts shall be available to all institutions for use during dietary instruction.

(E) Patients receiving dietary instruction shall not be housed in a Correctional Treatment Center (CTC), Skilled Nursing Facility (SNF), Hospice, or any other licensed bed or Outpatient Housing Unit (OHU) solely to receive this service.

(2) Food Allergies and Intolerances

(A) The PCP, or designee, shall evaluate patients who request a special diet due to claimed food intolerance or allergy in order to verify the presence of a food allergy or intolerance via objective clinical means. If the PCP determines the patient has a severe food allergy based on objective and verifiable information, the PCP shall determine whether the allergy can be appropriately managed by educating the patient to avoid the identified food or if other intervention, such as a nutrition supplement, is warranted. In extreme cases where the patient does not tolerate the supplement, the patient may require meals to be provided as a medical diet. An example of an extreme case may include patients with all of the following:

1. Multiple food-allergy related hospitalizations.
2. Abnormal food allergy lab profile.
3. Verified food-specific allergen signs and symptoms including, but not limited to, anaphylaxis, eosinophilic esophagitis, hives, and enterocolitis.

(B) In addition to food allergy lab profile testing, subsequent testing, such as skin-testing, may be requested by the PCP to support abnormal laboratory values, unless an allergist states that substantiated, documented risk of anaphylaxis is so severe that skin-testing/additional testing would be life-threatening based on medically proven evidence of anaphylaxis with hospitalization.

(C) If a patient is allergic or intolerant to readily identified food (e.g., lactose intolerance, peanuts, or fish), they shall be educated to avoid the offending food, but no food substitution shall be given.

(3) Nourishments and Supplements

(A) Indications:

1. The patient shall meet one or more of the following criteria to qualify for nourishments or supplements, except in special situations that shall be approved by the institution Chief Medical Executive (CME) or Supervising Dentist (SD).
 - a. Pregnancy and lactation.
 - b. Patients with type one diabetes mellitus and recurrent documented hypoglycemia.
 - c. Patients with impaired mastication and/or dysphagia, including that caused by:
 - 1) Dental or oropharyngeal conditions.
 - 2) Cerebrovascular or other significant neurological condition.
 - 3) Esophageal obstruction or dysfunction.
 - d. Moderate to severe protein/calorie malnutrition due to metabolic deficiency or metabolic response to injury/illness evidenced by:
 - 1) Significant weight loss of ten percent or more over the prior six months.
 - 2) BMI less than 18.
 - e. Decompensated end stage liver disease with:
 - 1) Ascites requiring paracentesis; or
 - 2) Encephalopathy requiring hospitalization.
 - f. Bariatric Surgery.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES
Health Care Department Operations Manual

(B) Orders and Renewals:

1. Nourishments and supplements, including vitamin and mineral supplements that are recommended by a Registered Dietitian, are provided only if ordered by a PCP or dentist according to criteria outlined in Appendix 1.
2. The order shall include the indication for the nourishment or supplement and the maximum duration of the order based on the criteria as noted in Appendix 1.

(C) Implementation:

1. Orders for nourishments and supplements are limited to those listed in Appendix 1, and may not be modified for religious reasons or for other personal requests.
2. Orders for nourishments including LNS shall be stored and distributed by institution food services and custody staff in accordance with established LOPs, and purchased by CCHCS, medical warehouse, or food services.
3. A system for tracking the distribution of nourishments and LNS to patients, as well as monitoring LNS usage levels and policy compliance shall be developed and incorporated into the LOPs.

(4) Outpatient Therapeutic Diets and Texture Modified Diets

(A) The CCHCS authorized outpatient therapeutic diets, their characteristics, and the indications for orders are noted in Appendices 2-A, B, C, D, and E.

(B) If an institution only has an OHU and no Registered Dietitian, outpatient therapeutic diets or texture modified diets, shall not be prepared, assembled, or served in that OHU.

(C) Outpatient therapeutic diets cannot be modified for religious reasons or for other personal requests. If a therapeutic diet is ordered for a patient, it shall take precedence over a religious diet.

(D) Refusal of Therapeutic Diets

1. Patients may refuse an ordered outpatient therapeutic diet and the refusal shall be documented in the health record. If, after educating the patient regarding the health care benefits of the ordered diet, the patient continues to refuse the ordered diet, a CDCR 7225, Refusal of Examination and/or Treatment, shall be completed and scanned into the health record. Patients who refuse an ordered diet shall be offered the CDCR Heart Healthy Diet.
2. Patients shall not be issued a Rules Violation Report (RVR) for refusing an outpatient therapeutic diet. A patient may be issued an RVR for circumventing meal procedures such as picking up a therapeutic meal and a regular meal or other violations of meal procedures. A patient shall not be issued an RVR for eating items other than those on the outpatient therapeutic diet (e.g., canteen purchases).

(E) Housing for Patients Requiring an Outpatient Therapeutic Diet

1. Patients requiring an outpatient therapeutic diet or texture modified diet shall be housed only at institutions listed in Appendix 3 that have the capability to prepare these diets under the direction and supervision of a Registered Dietitian and trained dietary staff.
2. When a patient is not housed at one of the listed institutions and is identified by a PCP or dentist as requiring an outpatient therapeutic diet or texture modified diet, the PCP or dentist shall initiate a transfer per the LOP. While the transfer is pending, the patient shall be given dietary instruction for making appropriate food choices from the CDCR Standardized Master Menu, or an LNS if texture modification is needed, but shall not receive an outpatient therapeutic diet.
3. Patients receiving an outpatient therapeutic diet or texture modified diet shall not be housed in a CTC, SNF, Hospice, or any other licensed bed or OHU due solely to receive the ordered diet.
4. Patients requiring a therapeutic diet that is not an authorized outpatient diet may receive the diet if they are housed at California Health Care Facility, California Medical Facility, or Central California Women's Facility and if the diet has been evaluated and approved by the institution's CME in consultation with the Food Administrator I/II.

(F) Meals and Meal Service

1. Outpatient Therapeutic Diets Using the CCHCS Standardized Health Care Menu
 - a. For outpatient therapeutic diet meals, the CCHCS Standardized Health Care Menu shall be followed. The menu is based on using approved frozen dietary meals.
 - b. CCHCS is responsible for purchasing the frozen dietary meals, plus all special foods (e.g., low sodium, low fat, gluten free) used in the outpatient therapeutic diet meals.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES
Health Care Department Operations Manual

- c. The CCHCS Standardized Health Care Menu has been analyzed and is consistent with recognized standards established by the Food and Nutrition Board, Institute of Medicine of the National Academies of Sciences, and the Academy of Nutrition and Dietetics.
 - d. Frozen dietary meals are a component of outpatient therapeutic diets, but they do not meet all the nutritional needs of patients. Outpatient therapeutic diets that include frozen dietary meals shall be assembled and supplemented under the direction of a Registered Dietitian.
 - e. Staff shall not open the frozen dietary meals unless necessary to modify the texture or make food substitutions per diet order. The meals shall be provided to the patient in a sealed state except in settings where packaging may pose a security risk such as the segregated housing units.
 - f. The meals vary in their amounts of key nutrients from day to day. Therefore, the standardized menu includes varying amounts and types of accompanying food items. Dietary staff preparing the therapeutic meals shall ensure that the indicated amount of margarine, bread, and other food items specified on the daily menus are being served with the frozen meal.
2. Kitchen Prepared Therapeutic Diet Meals
 - a. Institutions with a therapeutic diet kitchen are exempt from using the frozen dietary meals or CCHCS standardized health care menus.
 - b. The Registered Dietitian at these facilities shall develop and prepare therapeutic diet meals based on the diet parameters in Appendices 2-A, B, C, D, and E.
 3. Delivery
 - a. Outpatient therapeutic diet meal trays or texture modified diet meals shall be fully assembled and identified by diet type in the medical dietary preparation area or in a designated area of the main kitchen and be ready for delivery to patients.
 - b. Outpatient therapeutic diet meals or texture modified diet meals shall be delivered to the patients in accordance with established LOPs.
 - c. Food service and custody staff assigned to the dining rooms that serve outpatient therapeutic diet meals or texture modified diet meals shall maintain a list of patients who are ordered these diets.
 4. The health care Food Administrator I, Food Administrator II, or Registered Dietitian shall ensure culinary staff is trained to prepare and serve the outpatient therapeutic diet meals or texture modified diet meals.

(G) LOP

Each institution CEO is responsible for ensuring that the institution has an approved and current LOP that includes, at a minimum:

1. Contact information for the Registered Dietitian or for the person designated to perform the responsibilities of the Registered Dietitian.
2. Methods for distributing patient diet education handouts, expected reorder levels for handouts, or reproduction procedures.
3. Procedures for referring patients for diet instruction and dietitian consultation.
4. Procedures for obtaining CME or SD approval of nourishments or supplements for patients that do not have one of the listed indications.
5. Procedures for how approved nourishments and supplements are billed to health care services, distributed, and tracked.
6. Procedures for routine delivery of outpatient therapeutic diet meals and texture modified diet meals to patients and delivery during lockdown situations.
7. A tracking method to ensure patients are receiving outpatient therapeutic diet meals and texture modified diet meals at the proper food temperatures.
8. Development and implementation of a local training plan.
9. A process for approval and local sign-off of the LOP.

Appendices

- Appendix 1, Approved Nourishments And Supplements With Indications
- Appendix 2-A, Gluten-Free Diet
- Appendix 2-B, Hepatic Diet (2 gram Sodium)
- Appendix 2-C, Renal Dialysis Diet

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES
Health Care Department Operations Manual

- Appendix 2-D, Renal Non-Dialysis Diet
- Appendix 2-E, Bariatric Surgery
- Appendix 3, Institutions Providing Outpatient Therapeutic Diets

References

- California Code of Regulations, Title 15, Division 3, Chapter 1, Article 4, Section 3054(d)
- California Department of Corrections and Rehabilitation, Department Operations Manual, Chapter 5, Article 51, 54080.3, 54080.5-6, 54080.14
- Nutrition Care Manual, 2021, Academy of Nutrition and Dietetics

Revision History

Effective: 12/2003

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CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES
Health Care Department Operations Manual

Appendix 1
Approved Nourishments And Supplements With Indications

CONDITION	NOURISHMENT	SUPPLEMENT	FREQUENCY
Pregnancy and lactation	<ul style="list-style-type: none"> • Two extra 8 oz. cartons of milk a day AND • Two extra fresh fruit servings a day AND • Two extra fresh vegetable servings a day 	**Prenatal vitamins If lactose intolerant, provide 600 mg calcium supplement daily.	Order may be written to be valid up to the estimated date of confinement plus 90 days.
Type one diabetes mellitus or brittle diabetes	<ul style="list-style-type: none"> • Two, 1 oz. pkgs. of either peanut butter & crackers • OR cheese & crackers AND one fresh fruit 	None	Order may be written with no stop date.
Malnourishment evidenced by: Significant weight loss (> 10% in prior 6 months) OR BMI <18	None	***Liquid Nutritional Supplement (LNS) <ul style="list-style-type: none"> • Ensure Original • Jevity 1 CAL • Boost, or • Nutren 1.0. An equivalent liquid product may be substituted.	Order may be written for up to 90 days.
End-stage liver disease with ascites requiring paracentesis or encephalopathy requiring hospitalization	None	***LNS High Calorie <ul style="list-style-type: none"> • Ensure Plus • Isosource 1.5 • Nutren 1.5 • Boost Plus, or • Jevity 1.5. An equivalent liquid product may be substituted.	Order may be written with no stop date.
Oropharyngeal or dental conditions impeding mastication and/or other conditions resulting in dysphagia*	None	***LNS <ul style="list-style-type: none"> • Ensure Original • Boost, or • Nutren 1.0. An equivalent liquid product may be substituted.	Order may be written for up to 90 days.
Bariatric Surgery *	<ul style="list-style-type: none"> • 1 Tablespoon of peanut butter with 6 saltine crackers or 1 slice whole wheat bread OR • 1 oz. sliced cheese with 6 saltine crackers or 1 slice whole wheat bread 		Order may be written up to 90 days

* Only if the patient is not meeting nutritional needs as determined by a Registered Dietitian.
** Distributed by nursing.
*** The most cost effective LNS meeting patient needs shall be utilized.
LNS Diabetic- Glytrol, Glucerna 1.0 CAL, Glucerna Shake, Glucerna 1.5 CAL or Boost Glucose Control.
LNS Renal- Novasource Renal or Nepro with Carb Steady.
These products may be used for patients who qualify for a supplement but have diabetes or renal disease.

Appendix 2-A

Gluten-Free Diet

A gluten-free diet is one that eliminates gluten-containing grains from the diet.

INDICATIONS

Patients with celiac disease confirmed by:

1. PCP assessment documenting medically verified signs and symptoms,
2. Positive laboratory serologies specific for celiac disease, and/or
3. Small bowel biopsy result consistent with celiac disease.

SPECIFICATION

- 2,200 – 2,600 Calories, Regular Heart Healthy Diet

All foods containing wheat, rye, barley, or oats are eliminated.

Appendix 2-B

Hepatic Diet (2 gram sodium)

A hepatic diet (2 gram sodium) is one that controls sodium content while providing adequate protein to maintain positive nitrogen balance for patients with decompensated cirrhosis. These patients should have frequent weights recorded. Calorie count should be monitored. Consider enteral feeding supplementation if oral intake is suboptimal.

The goal of the diet is to:

- Correct malnutrition and prevent metabolic complications.
- Improve quality of life.
- Reduce perioperative complications for those patients who will require liver transplantation.

INDICATIONS

Patients with end stage liver disease complicated by ascites requiring paracentesis and/or a prior history of encephalopathy requiring hospitalization may benefit from dietary modification. A consultation with a Registered Dietitian should be ordered for evaluation of special dietary needs. If recommended by the Registered Dietitian, a Hepatic Diet (2 gram sodium) may be ordered.

SPECIFICATION

- 2,200 – 2,600 Calories.
- Protein: 70 -105 grams (1.0-1.5 grams Protein/kg dry body weight).
- Sodium: 2,000 mg/day.
- Water restriction is not recommended, unless serum sodium is less than 125 mEq/L.
- A daily multivitamin is recommended.
- Calcium supplementation (1,200-1,500 mg/day) indicated for patients with osteopenia and osteoporosis.

Appendix 2-C

Renal Dialysis Diet

A renal dialysis diet controls protein and electrolytes in order to slow the progression of azotemia and electrolyte imbalance between dialysis sessions.

INDICATIONS

All patients receiving dialysis shall be ordered an outpatient therapeutic renal dialysis diet.

SPECIFICATION

- 2,200 – 2,600 Calories (30-35 Calories/kg ideal body weight [IBW])
- 30-35 kcal/kg
- Protein: 84 -105 grams (1.2-1.5 grams Protein/kg IBW)
- Phosphorus: 800-1,000 mg/day
- Sodium: <2400 mg/day
- Potassium: 2,000-3,000 mg/day
- Renal disease specific vitamin (Nephro-vite® or equivalent) is formulary restricted to dialysis patients only (This vitamin product contains vitamin C, folic acid, and B complex vitamins including niacin [B3], pantothenic acid [B5], pyridoxine [B6], riboflavin [B2], thiamine [B1], biotin [aB complex vitamin], cyanocobalamin [B12]).

Appendix 2-D

Renal Non-Dialysis Diet

A renal non-dialysis diet controls protein and electrolytes in order to reduce the demand on the kidneys in patients with renal failure that do not yet require dialysis.

INDICATIONS

Patients with kidney disease and a glomerular filtration rate (GFR) <60, but who do not yet require dialysis, are eligible to receive a renal non-dialysis diet at an approved institution. This diet is the same as the renal diet but it contains less protein and does not usually restrict potassium.

SPECIFICATION

- 2,200 – 2,600 Calories (25-35 kcal/kg ideal body weight [IBW])
- Protein: 42-60 grams (0.6-0.8 gm/kg IBW)
- Phosphorus: 800-1000 mg/day
- Sodium: <2400 mg/day

Appendix 2-E

Bariatric Surgery

Preoperative and Postoperative Diet

A series of diet steps that have been carefully planned for the bariatric patient before and after surgery for weight loss success.

INDICATIONS

Preoperative and postoperative bariatric diets are for the patients who have successfully completed the Medical Weight Monitoring Program (MWMP) and have been approved for bariatric surgery by the CCHCS Statewide Medical Authorization Review Team (SMART).

SPECIFICATION

Preoperative and postoperative dietary regimens are essential to a patient's success. The diets may vary slightly depending on the type of bariatric surgery or the surgeon. The registered dietitian will work with the surgeon to individualize the diet plan. Most individualized plans will include the following:

- Preoperative - typically one to two weeks before surgery
- Postoperative
 - **Stage One—Bariatric Clear Liquid**
Estimated duration 1 day to 1 week after surgery
 - **Stage Two—Bariatric Full Liquid Pureed**
Estimated duration 1 week to 4 weeks
 - **Stage Three—Bariatric Soft**
Estimated duration 2 weeks to 6 weeks
 - **Stage Four—Regular Heart Healthy Diet**
Estimated duration begins at 4 to 8 weeks
- Snack may be needed due to smaller meals being consumed

Appendix 3

Institutions Providing Outpatient Therapeutic Diets

Central California Women's Facility
California Health Care Facility
California State Prison, Centinela
California Institution for Men
California Institution for Women
California Men's Colony (East)
California Medical Facility
California State Prison, Corcoran
California Substance Abuse Treatment Facility and State Prison, Corcoran
High Desert State Prison
Kern Valley State Prison
California State Prison, Los Angeles County
Mule Creek State Prison
North Kern State Prison
Pelican Bay State Prison
Pleasant Valley State Prison
Richard J. Donovan Correctional Facility
California State Prison, Sacramento
California State Prison, Solano
San Quentin State Prison
Salinas Valley State Prison
Wasco State Prison