

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Therapeutic Diets

Policy Number: 507.04.29

Effective Date: 01/27/2022

Page Number: 1 of 7

Authority:
Commissioner

Originating Division:
Health Services Division
(Physical Health)

Access Listing:
Level I: All Access

I. Introduction and Summary:

Therapeutic Diets will be provided for offenders as indicated by their medical conditions with periodic evaluation of the need for continuation of the diet. This policy is applicable to all facilities that house GDC offenders to include private and county prisons.

II. Authority:

- A. Ga. Comp. R. & Regs. R.: 125-4-3-.03, 125-4-3-.04;
- B. GDC SOP: 508.16 Mental Health Levels of Care, 508.27 Time Out, Seclusion and Physical Restraint, 409.04.09 Modified Diets/ Special Feeding;
- C. Diet Manual of the Georgia Dietetic Assoc., Inc.;
- D. NCCHC 2018 Adult Standard: P-D-05; and
- E. ACA Standards: 5-ACI-5C-04, 5-ACI-5C-05, 5-ACI-5C-06, 4-ALDF-4A-09, and 4-ACRS-4A-02.

III. Definitions:

- A. **Adequate Diet** - A diet based on the appropriate, current Recommended Dietary Allowances and incorporated principles of the USDA MyPlate.
- B. **Therapeutic Diet** - A diet based on the dietary restrictions incurred as a result of a medical need (i.e., diabetes).
- C. **Diet Non-Compliance** - Failure to pick up 6 meals/week or 15 meals/month.

IV. Statement of Policy and Applicable Procedures:

- A. Adequate Diets:

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1. Adequate Diets that meet the current Recommended Dietary Allowances for appropriate age groups will be provided for offenders.
2. The GDC State Administrative Dietician in consultation with the State Clinical Dietician will develop the GDC master menu for regular diets. The State Clinical Dietician will develop a master menu for Therapeutic Diets.
3. The State Clinical Dietitian will serve as consultant to all GDC facilities that service Therapeutic Diets, evaluating regular and medical diets for nutritional adequacy through facility visits or phone consultation.
4. Records will be maintained by the Food Services Division in each facility for all Therapeutic Diets and regular diet menus. Any deviation from the menu will be noted. A review will be conducted by the State Clinical Dietitian a minimum of every six (6) months or whenever there is a substantial change in the menus.

B. Types of Therapeutic Diets Available Within the GDC:

1. Therapeutic Diets that can be coordinated through the facility dietician and that are available within the GDC include:
 - a. Mechanical Soft (Chewing problem)/Soft (Digestive problem, decreased fiber);
 - b. Low Sodium (2-4 grams sodium);
 - c. Low Fat/Low Cholesterol;
 - d. Weight reduction (Calorie levels are same as ADA Diabetic Diet);
 - e. ADA Diabetic Diet, number of calories specified;
 - f. Full Liquid;

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- g. Clear Liquid;
 - h. Hypoglycemia Diet (State calories: e.g., 1400 calorie ADA & two snacks will equal approximately 1400 calories);
 - i. Renal Diet and Hepatic Diet; and
 - j. Pregnancy Diet.
2. Bland diets will not be provided by Food Services. An offender with gastrointestinal disorders will be provided education regarding foods to avoid.

C. Medical Indications for Therapeutic Diets:

- 1. Clear liquid diets should be provided for offenders with post-dental extractions or oral surgery, as prep for gastrointestinal procedures or surgery, for gastroenteritis, or the inability to tolerate full or soft diet. Clear liquid diets will not exceed three (3) days in duration since the diet is inadequate in nutrients for all age groups.
- 2. Diabetic diets should be provided for patients with insulin or non-insulin dependent diabetes mellitus. Calorie counts will be specified in the following increments: 1000, 1200, 1500, 1800, 2000, 2200, 2400, 2600, 2800 or 3000.
- 3. Fat modified diets should be provided for patients with documented hyperlipidemia.
- 4. Full liquid diets should be provided for patients progressing post-operatively or post-gastrointestinal disorders.
- 5. Hypoglycemia diet should be provided for patients with low blood glucose levels for abnormally long periods of time. Order an ADA diet with specific calorie requirement.

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6. Mechanical soft/pureed diets should be provided for patients unable to chew food due to absence of teeth, recent oral surgery or difficulty swallowing due to malignancy or other oral pathology.
7. The pregnancy diet is indicated for the pregnant female who requires no other dietary modifications.
8. Reduction diets should be provided for patients who are markedly obese (greater than 130% of their ideal body weight) and invested in losing weight. An ADA diet with reduced calories, e.g., 1200 calories, may be ordered for these patients.
9. Renal/Hepatic diets should be provided for patients with end stage renal or hepatic disease requiring reduced protein intake.
10. Sodium restricted (2 to 4 Grams) diets should be provided for patients with moderate to severe hypertension, cardiac disease, or edema. For mildly hypertensive patients, counseling regarding minimizing sodium intake will be initiated before diet prescription.
11. Offenders who are at nutritional risk (significant weight loss due to a disease process) may receive snacks (i.e., HS, BID, and TID) or three (3) meals X seven (7) days to include weekends and holidays.
12. For those offenders requiring several small meals, calorie restricted diets may be ordered for regular meals with between meals snacks added.

D. Procedures for Ordering Therapeutic Diets:

1. The Georgia Dietetic Association Diet Manual will serve as the resource for all Therapeutic Diets. A copy of the manual will be available for use in all facilities where Therapeutic Diets are ordered.

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2. Upon intake, each offender will be evaluated for medical conditions that may indicate a Therapeutic Diet. Therapeutic Diets will be ordered only for those patients who have a clear indication of need and who would benefit from such a diet. Each patient must be willing to be compliant. Offenders may only be ordered one Therapeutic Diet at a time.
3. Indications for Therapeutic Diets will be clearly documented in the progress notes with documentation regarding patient education and response of the offender to the therapeutic recommendation.
4. Therapeutic Diets will be ordered in the Physician's Orders by an advanced clinical provider. Each order will specify the type of diet and must include the date the diet expires.
5. If the diet is known to be time-limited, the provider may indicate the diet to be resumed upon discontinuation of the medical diet (e.g., clear liquid diet X 24 hours, then resume previous diet). If no expiration date is stated, 60 days will be assigned.
6. Periodic review is required for all patients on Therapeutic Diets. Diabetic, sodium restricted, fat modified, and renal/hepatic diets will be reviewed a minimum of every six (6) months and more frequently if clinically indicated.
7. Reduction and mechanical soft diets will be reviewed a minimum of every three (3) months.

E. Monitoring of Therapeutic Diets:

1. When a provider has ordered a Therapeutic Diet, the facility kitchen will be notified of the type of diet, the duration of the order and by whom the diet was ordered. A current list of Therapeutic Diet Orders will be generated by the health care unit on a weekly basis.

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2. The food service supervisor will be responsible for the proper implementation of the diet. Assistance in preparing Therapeutic Diets may be obtained by notifying the State Clinical Dietician in Atlanta and requesting a consultation. If the State Clinical Dietician is unavailable, the Clinical Dietician at ASMP will be contacted.
3. At least weekly, the food service supervisor will provide a written report of offender compliance with Therapeutic Diets. The report will consist primarily of the current Diet Roster Patient List with the number of times the patient failed to pick up the diet tray. Other notations will include Dietary Non-Compliance, such as picking up more than one tray or using the regular tray line. The report will be submitted to the Responsible Health Authority for review.
4. The health care staff will be responsible for reviewing the Therapeutic Diet compliance report received from the food service supervisor. Offenders who fail to pick up six (6) meals a week or fifteen (15) meals per month will be considered non-compliant.
5. Offenders who are non-compliant will be counseled about the purpose and benefits of the Therapeutic Diet and the health risks of Diet Non-Compliance. Patient counseling and the response of the offender will be documented in the health record.

F. Discontinuation of Therapeutic Diets:

1. Therapeutic Diets will be discontinued when the medical indication is no longer present, when the offender refuses the diet altogether, or when diet compliance is so poor as to negate any benefits of prescription.
2. If the medical indication for the diet is no longer present, a notation will be made in the progress notes by an advanced clinical provider. An order to discontinue the diet will be written and the kitchen notified. The offender will be counseled as to a change in the order for a Therapeutic Diet.

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3. If an offender refuses a recommendation for a Therapeutic Diet and the health consequences of this refusal are potentially serious (i.e., an unstable diabetic), this will be documented in the progress notes. A Refusal of Treatment Form will be signed after the risks of refusal are explained to the offender.
4. A refusal of treatment by an offender at a given time does not prevent the offender from accepting treatment at a later date. This is especially true for circumstances in which the offender's condition would deteriorate if untreated.
5. Offenders who are Diet Non-Compliant will be counseled. The decision to discontinue Therapeutic Diets will be made by a physician, dentist, or designee. The considerations will include whether the benefits of the current level of partial compliance outweighs the risk of discontinuing the diet altogether.
6. Offenders who purchase or receive foods which are not allowed on a Therapeutic Diet (e.g., potato chips, candy bars, cookies, etc.) will be counseled regarding the impact. However, the evaluation of diet compliance will be based primarily upon compliance with the prescribed diet that the offender receives at mealtime.

G. Training for Food Service Staff: Members of the Food Services Staff who supervise the preparation and service of Therapeutic Diets will receive in-service training on Therapeutic Diets annually, at a minimum.

V. **Attachments:** None.

VI. **Record Retention of Forms Relevant to this Policy:** None.