

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.30.24	<b>Page</b> 1 of 4
	<b>Original Effective Date:</b> 06/01/18	<b>New Effective Date:</b> 10/23/23
	<b>Supersedes:</b> N/A	<b>Dated:</b> 06/01/18
	<b>Administrator's Approval:</b> Sarah Cooper, Administrator - 09/25/23	
<b>Required Posting or Restricted:</b>		
<input checked="" type="checkbox"/> <b>PIOC</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Modified Diets for Medical/Dental Reasons		

**POLICY**

The Division of Adult Institutions shall provide diets for medical or dental needs that enhance patient health.

**REFERENCES**

Standards for Health Care in Prisons, National Commission on Correctional Health Care, 2018, P-B-01 – Healthy Lifestyle Promotion; P-D-05 - Medical Diets  
Wisconsin Administrative Code s. DOC 309.23 – Food  
Wisconsin Administrative Code s. DOC 379.16 – Food and Liquids  
Wisc. Stat. s. 302.38 - Medical care of prisoners  
Wisc. Stat. s. 302.385 - Correctional institution health care  
DOC Diet Manual

**DEFINITIONS, ACRONYMS AND FORMS**

Advanced Care Provider (ACP) – A provider with prescriptive authority.

DOC – Department of Corrections

DOC-1836 – Diet Order Acknowledgment

DOC-3341 – Modified Diet Consent/Refusal

DOC-3518 – Food Allergy/Intolerance Diet Interview

EMR – Electronic Medical Record

Non-Standard Modified Diet – Special or therapeutic dietary requirements for medical or dental reasons ordered by licensed health care staff.

PIOC – Persons in our Care

USDA – United States Department of Agriculture

WCCS – Wisconsin Correctional Center System

WWCS – Wisconsin Women's Correctional System

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<b>Chapter:</b> 500 Health Services		
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## PROCEDURES

### I. Development of Modified Diets

- A. The facility shall provide an adequate diet to all PIOC based on the appropriate, current USDA recommended daily allowances and incorporate the principles of the food guide pyramid.
- B. The DOC Central Office Registered and Certified Dietitians:
  1. Develop and review the modified diets for nutritional adequacy at least annually.
  2. Maintain a description of the diets in the DOC Diet Manual.
  3. Ensure documentation of the reviews include the date, signature and title of the dietitian.
  4. Write non-standard modified diets as requested.

### II. Modified Diets

- A. Modified diets shall be ordered based upon a documented health need. Medical diets are provided per prescriber order and documented in the healthcare record.
- B. Food Allergy/Intolerance
  1. The DOC-3518 – Food Allergy/Intolerance Diet Interview form developed by the DOC Central Office Registered and Certified Dietitians may be used to assist the ACP in determination of a medically modified diet based on food allergies.
  2. The ACP shall determine if past medical records related to allergies/intolerances need to be retrieved, or if updated laboratory testing needs to be completed.
- C. Nursing staff may order short term (less than 48 hours) alterations in diet due to gastroenteritis, dental extractions, preps for diagnostic tests, etc.
- D. There are limitations regarding the provision of modified diets at the Correctional Centers in the WCCS and WWCS.
  1. Diet instruction shall be provided for self-selection.
  2. If dietary needs cannot be met at a Center System facility, transfer of the patient to another facility may be considered.
- E. Diets for religious reasons or other non-health requests are not handled through the HSU. Refer patient to the appropriate staff.

### III. Ordering Modified Diet

- A. Upon determination of the need for a modified diet, the following shall occur:

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1. ACP shall consult with Central Office Registered and/or Certified Dietitian prior to ordering multiple restrictions and/or a modified diet not included in the DOC Diet Manual.
  2. Determine whether or not the patient is on an approved religious diet. This requires consultation with DOC Central Office Registered and Certified Dietitians to determine feasibility and implementation method.
  3. ACP orders for modified diet shall include the type of diet, the duration of the diet and special instructions, if any.
    - a. Special instructions may require consultation with DOC Central Office Registered and Certified Dietitians.
    - b. The ordering ACP shall ensure the DOC-3341 – Modified Diet Consent/Refusal is completed with the patient.
  4. Licensed health care staff shall provide instruction to the patient including:
    - a. Mechanism for obtaining modified diet.
    - b. Appropriate food choices.
    - c. Benefits of diet adherence; risks associated with non-adherence.
    - d. Review of education material available in the DOC Diet Manual.
- B. Health staff shall retrieve the Modified diet order which should automatically print at a designated printer in the HSU when ordered.
1. Short-term alterations requiring immediate implementation (i.e., dental extractions, gastroenteritis) shall be communicated via telephone to the Food Services Department by the HSU.
  2. Food Services consult with medical any concerns about a modified diet.
- C. Under the direction of the dietician the Food Service staff may provide limited instruction regarding meal ingredients to the patient, as necessary.

#### **IV. Provision of Modified Diet**

- A. Food service staff preparing modified diets shall be trained and supervised in preparing the diets, including appropriate substitutions and portions.
- B. Food Services shall determine the appropriate method to meet the modified diet order. Options include:
  1. Standard general tray.
  2. Standard general tray with patient self-selection.
  3. Modified diet tray prepared by the Food Services.
- C. Food Services shall complete the DOC-1836 – Diet Order Acknowledgement and forward to the HSU for scanning into the healthcare record.
- D. Health Service staff are responsible for ensuring the protection of Personal Health Information (e.g., non-food allergies, diagnosis) before sending a modified diet order to food service.

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
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<b>New Effective Date:</b> 00/00/00	<b>Supersedes Number:</b>	<b>Dated:</b>
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Modified Diets for Medical/Dental Reasons		
<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

**REFERENCES**

**DEFINITIONS, ACRONYMS, AND FORMS**

**FACILITY PROCEDURE**

- I.
  - A.
  - B.
    - 1.
    - 2.
      - a.
      - b.
      - c.
    - 3.
  - C.

II.

III.

**RESPONSIBILITY**

I. Staff

II. PIOC

III. Other