



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 113.35

Page 1 of 7

Effective Date: September 1, 2017

Distribution: A

Supersedes: 113.35 (9/30/16)

Approved by: Tony Parker

Subject: THERAPEUTIC DIETS

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To provide therapeutic diets for inmates whose health condition requires a diet other than that those prepared for the general population.
- III. APPLICATION: Wardens, Superintendents, health care staff, unit managers, correctional officers, inmates, medical contractors, food service 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. Non Standard Diet Orders: Diet orders not included on the diet load sheets or within the contract food service vendor's *Therapeutic Diet Manual*.
  - C. Therapeutic Diet: Special meal or food combination lists developed by the contract Dietician and prescribed by an authorized health care professional as part of the inmate's medical or dental treatment.
- V. POLICY: Therapeutic diets shall be prescribed 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. The institutional physician/designee shall develop an institutional plan in cooperation with the contract Food Service Director, with the intent to minimize unnecessary therapeutic diet orders in the institution by educating the inmate in proper self-care and nutrition.
    2. Therapeutic diets shall not be ordered to accommodate an inmate's food preference or special requests.
    3. Inmates requesting therapeutic diets to comply with religious beliefs shall be referred to the chaplain.
  - B. Documentation: In all cases, documentation of the condition requiring a therapeutic diet shall be recorded in the health record. When a therapeutic diet order is requested, a Therapeutic Diet Order, CR-1798, shall be initiated and signed by the physician, dentist, or mid-level provider with copies distributed as indicated on the form. Therapeutic diet orders shall be documented on Physician's Orders, CR-1892.

Effective Date: September 1, 2017	Index # 113.35	Page 2 of 7
Subject: THERAPEUTIC DIETS		

C. Requests/Orders:

1. Therapeutic 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. The therapeutic diet shall begin with the next scheduled meal, unless otherwise indicated. The Therapeutic Diet Order, CR-1798, must be electronically scanned to the contract Food Service Director or designee at least two hours prior to the serving time in order to be effective for that meal.
3. Orders are valid for a maximum of three months, or until they expire, are discontinued, or changed by the authorized health care professional, or refused in writing by the inmate, in accordance with Section VI.(D)(5) of this policy.
4. Diets other than those listed on the Therapeutic Diet Order, CR-1798, may be utilized as needed on a restricted basis by ordering a Non Standard diet order.
5. If a required diet is not included on form CR-1798, a Non Standard diet will be provided once approved by the medical vendor's dietitian. The contract dietitian will provide a memo with detailed instructions to the contract food service director on how to prepare and serve the approved Non Standard diet order.
6. A provider ordering a Non Standard diet, prior to submitting the CR-1798 to the facilities contract food services director, shall complete the medical vendor's consultation request form for the type of Non Standard diet needed. The completed consultation request form shall be submitted to the medical vendor's Dietician for approval. Once the Non Standard diet is approved, the approved consult form must be electronically scanned with the CR-1798 to the contract food service director to begin administration of the diet to the inmate.
7. If at any time the prescriber determines that there is no clinical reason to continue the therapeutic diet, he/she shall document the discontinuation on the Physician's Orders, CR-1892, and notify the Contract Food Service Director.

D. Refusal and Non-Compliance:

1. When a therapeutic diet request is refused or canceled, the food service department shall be notified per institutional procedure.
2. Health services staff shall document diet tray refusals in their respective infirmary wards.
3. Diet tray refusals in living units shall be documented as indicated in Policy #116.01.
4. When the health care staff encounters inmates who are non-compliant with their therapeutic diets they shall counsel the inmate 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 signed Refusal of Medical Services, CR-1984, will remain in effect until the Therapeutic Diet Order expires or until the next follow-up with the medical provider. The inmate will not be charged as long as the CR-1984 is in effect.

Effective Date: September 1, 2017	Index # 113.35	Page 3 of 7
Subject: THERAPEUTIC DIETS		

5. If an inmate signs a CR-1984 then chooses to resume their therapeutic diet more than twice in a 30 days period then the therapeutic diet trays will continue per the original Therapeutic Diet Order or until the next follow-up with the medical providers.
  6. Inmates with an order for a therapeutic diet tray may refuse the tray in favor of a regular diet tray. In this instance, he/she shall be charged \$5.00 for the unused therapeutic diet tray and must see the prescribing provider before the therapeutic diet is discontinued.
  7. If an inmate refuses or fails to pick-up his/her therapeutic meal for nine consecutive meals, the individual responsible for documenting the meal service shall notify the health service staff by using a reproduced copy of the Therapeutic Diet Request, CR-1798. The inmate will have effectively demonstrated non-compliance with the therapeutic diet although a Refusal of Medical Services, CR-1984, has not been signed. The provider shall follow the same documentation procedure indicated in Policy #113.51 and provide a copy to the food service department. The contract food service director shall be notified by phone or e-mail in addition to written documentation.
  8. Inmates that receive total parenteral nutrition (TPN) or a tube feeding as a sole source of nutrition and have an order for NPO may refuse the TPN or tube feeding by signing a Refusal of Medical Services, CR-1984, but will not receive a meal tray and a charge will be assessed. The healthcare staff will counsel the inmate regarding the importance and necessity of compliance with TPN and/or tube feeding.”
- E. Dietary Education: When initiating a new diet, the prescriber shall have the responsibility of educating each inmate on the clinical indication for his/her diet, and the duration, special instructions, and recommended food restrictions (including commissary items) of his/her diet. Education should include written materials with emphasis on foods to avoid, foods that are of benefit, and weight management, when appropriate. The educational intervention shall be documented in the inmate health record. The inmate shall sign the Therapeutic Diet Order, CR-1798, indicating that the therapeutic diet has been fully explained.
- F. Transfers:
1. When an inmate on a therapeutic diet is transferred to another facility, all pertinent information regarding the diet shall be entered in the health record that 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 therapeutic diet shall be continued until the inmate can be reevaluated by a physician, dentist, or mid-level provider at the receiving institution.
- G. Special Considerations for Potential Food Allergies:
1. Clinical personnel notified of inmates with the common food allergies of shellfish, peanuts, or eggs, during initial intake/classification shall have a therapeutic diet order written.
  2. Inmates post intake/classification that notify clinical personnel of food allergies during sick call must be specific when identifying the food allergen, and agree to food allergy testing for the specific allergen unless proof of previous testing can be verified from an outside provider. A therapeutic diet order will not be written outside of these parameters.

Effective Date: September 1, 2017	Index # 113.35	Page 4 of 7
Subject: THERAPEUTIC DIETS		

3. During the period awaiting the test results the inmate shall receive a 30 day order for a therapeutic diet that excludes the potential allergen.
  4. If the test results are negative for the specific food allergen, the temporary therapeutic diet shall be discontinued and a regular diet tray ordered.
  5. If the test results are positive for the specific food allergen, the temporary therapeutic diet shall be transitioned to a permanent therapeutic diet, void of the identified allergen.
  6. All orders must be written by a physician or mid-level provider for specific food allergen testing, and arrangements will be made by the medical vendor for the allergy testing to occur.
- H. Religious Diet Requests: Inmates requesting no beef, pork, poultry, and/or other specific food items for religious reasons shall apply via the exception pathway outlined in Policies #116.01 and #116.08.
- I. Food Service Responsibilities: Institutions shall follow policies #116.01, #116.03, #116.05, and #506.16, regarding menu and diet planning as well as meal service environment and sanitation.
- VII. ACA STANDARDS: 4-4318, 4-4320, and 4-4414.
- VIII. EXPIRATION DATE: September 1, 2020.



TENNESSEE DEPARTMENT OF CORRECTION

THERAPEUTIC DIET ORDER

INSTITUTION: \_\_\_\_\_ LOCATION: \_\_\_\_\_

NAME: \_\_\_\_\_ TDOC NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

POTENTIAL FOOD/DRUG INTERACTION: \_\_\_\_\_

TYPE OF REQUEST:  New  Renewal  Change  Cancel

TYPE OF DIET:

- Clear Liquid (3 days only)  Full Liquid  Mechanical Soft  Renal (includes HS snack)
 Pureed  Finger Food  Gluten Restricted  Hepatic-includes HS snack
 Low-fat/Low Sodium  Bland  Prenatal Diet (includes 3 snacks daily with meals)
 Moderate 2000 Calorie/Carbohydrate (ADA) (includes 3 meals and 1 snack daily)  Non Standard Diet Order (Requires Approval)

DURATION: \_\_\_\_\_ Days START DATE: \_\_\_\_\_ STOP DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_
Health Care Provider/Title

THIS SPECIAL DIET HAS BEEN EXPLAINED TO ME AND I UNDERSTAND I WILL BE CHARGED THE COST OF ANY MODIFIED MEAL I FAIL TO PICK UP.

Inmate's Signature

Date

THIS SECTION TO BE COMPLETED BY DIETARY SERVICES

Received: Authorized Food Services Representative/ Title

Date/Time

DIETARY SERVICES (Comments compliance/noncompliance, i.e., failure to pick up diet, diet refusal, irregular use, etc.):

Diet Compliance/Noncompliance: (Circle Letter to Indicate Noncompliance)

B = Breakfast L = Lunch D = Dinner

MONTH

Table with 31 columns (days) and 3 rows (B, L, D) for the first month.

MONTH

Table with 31 columns (days) and 3 rows (B, L, D) for the second month.

MONTH

Table with 31 columns (days) and 3 rows (B, L, D) for the third month.

MONTH

Table with 31 columns (days) and 3 rows (B, L, D) for the fourth month.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Completed: Authorized Food Service Representative/Title







TENNESSEE DEPARTMENT OF CORRECTION

TEACHING/COUNSELING PLAN

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Subject

ELEMENT	DATES TAUGHT

**Note: Each entry must be signed.**



**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)

 <p style="text-align: center;"> <b>ADMINISTRATIVE POLICIES AND PROCEDURES</b>          State of Tennessee          Department of Correction       </p>	Index #: 113.35	Page 1 of 1
	Effective Date: September 15, 2018	
	Distribution: A	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: THERAPEUTIC DIETS		

POLICY CHANGE NOTICE 18-47

INSTRUCTIONS:

Please cross through CR-2742 on page 6 of this policy and insert the attached page 8. Renumber policy pages accordingly.



TENNESSEE DEPARTMENT OF CORRECTION

TEACHING/COUNSELING PLAN

\_\_\_\_\_  
Patient's Name/TDOC #

\_\_\_\_\_  
Subject

ELEMENT	DATES TAUGHT
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	

**Note: Each entry must be signed.**