

	DEPARTMENT OF CORRECTIONS AND REHABILITATION CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: January 01, 2024	POLICY NO.: COR.10.D.05
		SUPERSEDES (Policy No. & Date): COR.10.1F.02 (11/06/18)	
	SUBJECT: MEDICAL DIETS		Page 1 of 4

1.0 PURPOSE

The purpose of this policy is to ensure that medical diets are provided that enhance patient health.

2.0 SCOPE

This policy and procedure shall apply to all correctional facilities, their assigned personnel, and contract staff within the Department of Corrections and Rehabilitation (DCR).

3.0 REFERENCES, DEFINITIONS & FORMS

.1 References

- a. American Heart Association. Diet and Lifestyle Recommendations. Accessible online at: <https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/nutrition-basics/aha-diet-and-lifestyle-recommendations>.
- b. Department of Corrections and Rehabilitation, Policy and Procedures, COR.07.16, Food Handling.
- c. Department of Corrections and Rehabilitation, Policy and Procedures, COR.09.01, Food Service Management.
- d. Department of Corrections and Rehabilitation, Policy and Procedures, COR.09.02, Meal Service and Special Diets.
- e. Hawaii Dietetic Association. Hawaii Diet Manual, 9th edition. (2018)
- f. Standards for Health Services in Prisons. National Commission on Correctional Health Care, (2018).
- g. Standards for Health Services in Jails. National Commission on Correctional Health Care, (2018).
- h. Standards for Mental Health Services in Correctional Facilities. National Commission on Correctional Health Care, (2015).

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- i. U.S. Department of Agriculture. Dietary Guidelines for Americans, 9th edition. (2020).

.2 Definitions

- a. Medical Diets: Modified diets ordered for temporary or permanent health conditions; modifications to the diet may include the type, preparation, and/or quantity of food.
- b. Nutritionally Adequate Diet: Incorporates current American Heart Association diet and lifestyle recommendations and U.S. Department of Agriculture dietary guidelines, consistent with the current Dietary Reference Intakes for age, gender, and activity levels of the population.
- c. Prescriber: A physician, physician assistant, nurse practitioner, dentist, or optometrist.
- d. Registered Dietitian Nutritionist: A term adopted by the Commission on Dietetic Registration for optional use by registered dietitians and is equivalent to the "registered dietitian" designation still in use.

.3 Forms

- a. DCR 0417, Refusal to Consent to Medical/Surgical/Dental Treatment/Medication (attached)
- b. DCR 0426, Special Medical Diet (attached)
- c. DCR 0447, Authorization Review (attached)
- d. DCR 0509, Special Diet Telephone Order Log (attached)

4.0 POLICY

- .1 Medial diets shall be provided according to the prescriber order for incarcerated individuals as indicated by their medical condition(s) with periodic evaluation of the need for continuation of the diet. Medical diets shall not be used as a reward or to provide a choice between meals.
- .2 A registered dietitian nutritionist (RDN), or other licensed qualified nutrition professional, as authorized by state scope of practice laws, shall review the nutritional adequacy of medical diets.

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- .3 Workers who prepare medical diets shall be appropriately trained and supervised in diet preparation.

5.0 PROCEDURES

- .1 Medical diets shall be provided according to the prescriber order and documented in the health record.
- a. Orders for medical diets (including new orders, modifications, renewals, cancellations, and meal supplements), shall be communicated by nursing staff in writing to security staff at the incarcerated individual's assigned housing and food service staff using DCR 0426 (Special Medical Diet). The order must include the type of diet, the duration for which it is to be provided, and special instructions, if any.
 - b. Orders for medical diets that are not listed on DCR 0426 (Special Medical Diets) shall be submitted to the Special Utilization Review Panel (SURP) for final review and authorization or denial of the request. The SURP shall complete DCR 0447 (Authorization Review).
 - c. During emergencies, or when changes in medical diet orders occur after business hours, on weekends, or on holidays, nursing staff shall call or contact the Institutional Food Service Manager or designee with a verbal diet request. The Institutional Food Service Manager or designee shall document the verbal diet request on DCR 0509 (Special Diet Telephone Order Log), the food service logbook, an existing memo, or an equivalent recording process. Nursing staff shall forward DCR 0426 (Special Medical Diet) to the food services section as soon as possible but no later than seventy-two (72) hours after the verbal diet request.
 - d. When incarcerated individuals refuse prescribed medical diets, DCR 0417 (Refusal to Consent to Medical/Surgical/Dental Treatment/Medication) shall be completed and follow-up nutritional counseling shall be provided. Incarcerated individuals who fail to adhere to medical diets shall not be disciplined. Discontinuation of medical diets should be a therapeutic decision.
 - e. Upon in-state intra-system transfer, the receiving facility may continue current and/or SURP-approved Medical Diets as clinically indicated for up to ninety (90) days.

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- .2 A registered dietitian nutritionist (RDN), or other licensed qualified nutrition professional, as authorized by state scope of practice laws, shall document a review of all medical diets for nutritional adequacy at least annually and in accordance with COR.09.02 (Meal Service and Special Diets).
 - a. Menu reviews may take place in a documented site visit or by written consultation with an RDN or licensed dietitian as permitted by state scope of practice laws).
 - b. Written documentation of menu reviews shall include the date, signature, and title of the dietitian.
- .3 The facility shall notify the RDN whenever the medical diet menus are changed in accordance with COR.09.02 (Meal Service and Special Diets).
- .4 The Institutional Food Service Manager shall ensure workers who prepare medical diets are supervised in diet preparation in accordance with COR.07.16 (Food Handling) and COR.09.02 (Meal Service and Special Diets).

APPROVAL RECOMMENDED:


JAN 0 1 2024

Deputy Director for Corrections
Date

APPROVED:


JAN 0 1 2024

DIRECTOR
Date

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DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

REFUSAL TO CONSENT TO MEDICAL/SURGICAL/DENTAL TREATMENT/MEDICATION

NAME: _____ SID: _____ DOB: _____

FACILITY: _____ DATE: _____ TIME: _____

I, the undersigned patient, refuse the following treatment and/or medication: _____

(Describe Treatment and/or Medication)

The risk of refusing treatment or medication has been explained to me and I accept the risk involved. I release the State, the Department, the facility administration and personnel, the Health Care Division administration and medical personnel from any responsibility or liability for any unfavorable reaction, outcome, or any untoward results due to this refusal on my part to accept treatment or medication.

(Signature of Patient)

(Date)

I, the undersigned, have explained to the above named patient the risk involved in refusing treatment or medication recommended for the patient's continued good health and I witness the patient's refusal of the recommended treatment or medication

(Print Name)

(Signature & Title)

(Date)

A referral has been made to a provider: YES NO

I have reviewed this case and if necessary have further counseled this patient on the risk of refusing treatment or medication.

(Print Name of Provider)

(Signature & Title)

(Date)

** If the patient refuses treatment and/or medication and refuses to sign this consent, please have refusal witnessed by another correctional employee.*

I have witnessed the above named patient refuse the recommended treatment or medication and I have also witnessed the patient's refusal to sign this consent form.

(Print Name & Title)

(Signature & Title)

(Date)

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

SPECIAL MEDICAL DIET

TO: _____ Food Services Manager
(Facility)

FROM: Medical Unit Provider Name: _____

RE: _____ SID: _____ Housing: _____
(Inmate Name)

FOOD ALLERGIES: _____

Is to be placed on the following Medical Diet:

- | | | |
|--|--|---|
| <input type="checkbox"/> Low Cholesterol/Low Fat | <input type="checkbox"/> 3gm Low Sodium, no added salt | <input type="checkbox"/> 2gm Low Sodium |
| <input type="checkbox"/> 2,200 kcal Diabetic, HS snack | <input type="checkbox"/> 1,800 kcal Diabetic | <input type="checkbox"/> Low Purine |
| <input type="checkbox"/> High Protein | <input type="checkbox"/> Renal 80gm Protein, 2gm Potassium | |
| <input type="checkbox"/> Wired Jaw | <input type="checkbox"/> Soft Bland | <input type="checkbox"/> Full liquids |
| <input type="checkbox"/> Clear Liquid | <input type="checkbox"/> Lactose Restricted | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Lacto-Ovo-Vegetarian | <input type="checkbox"/> Mechanical Soft | |

Special Instructions:

Paper plate only, no bones, no plastic wrap, paper spoons only (at facilities with paper spoons), no other utensils

Meals to Module

No Caffeine

Start Date: _____

Stop Date: _____

Copy to: Food Service & Housing

Nurse Signature

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

AUTHORIZATION REVIEW

Facility: _____

Requesting Provider: _____

PATIENT INFORMATION	URGENCY	Check
NAME:	NOW	
SID:	Urgent (1-14 days)	
DOB:	Routine (2-12 wks)	
ANTICIPATED RELEASE DATE:	Standard (3-6 months)	
SERVICE/ TEST REQUESTED:		

History Related to Request: _____

Pertinent Physical Findings, Lab, Diagnostic Radiology: _____

Medical Necessity (could potential diagnosis compromise longevity)? _____

Does Patient have pain and/or functional disability? _____

When Relevant (other diagnoses or medications): _____

Reviewing Provider: _____ Date: _____ **APPROVED** **DENIED**
(Requires recommendation)

Comments: _____

Panel Signatures: _____