

<b>POLICY TITLE: THERAPEUTIC DIETS</b>		<b>PAGE 1 OF 2</b>
<b>POLICY NUMBER: 18.14</b>		
<b>CHAPTER 18: HEALTH CARE SERVICES</b>		
	<b>STATE of MAINE</b> <b>DEPARTMENT OF CORRECTIONS</b>  <b>Approved by Commissioner:</b> 	<b>PROFESSIONAL STANDARDS:</b>  <b>See Section VII</b>
	<b>EFFECTIVE DATE:</b> <b>August 15, 2003</b>	<b>LATEST REVISION:</b> <b>September 19, 2018</b>

**I. AUTHORITY**

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403.

**II. APPLICABILITY**

All Departmental Adult Facilities

**III. POLICY**

It is the policy of the Department of Corrections to provide therapeutic diets to prisoners as prescribed by a physician, physician assistant, nurse practitioner or dentist and reviewed by a qualified dietitian or nutritionist to ensure they are nutritionally adequate. A therapeutic diet manual shall be available in the health services and food services areas for reference and information.

**IV. CONTENTS**

Procedure A. Therapeutic Diets

**V. ATTACHMENTS**

Attachment A: Therapeutic Diet Order Form

**VI. PROCEDURES**

**Procedure A: Therapeutic Diets**

1. The physician, physician assistant, nurse practitioner, or dentist shall record a therapeutic diet in the form of an order on the Physician's Order Sheet. Orders for therapeutic diets shall be specific and complete, including the type of diet, the duration of the diet and any special instructions, and furnished, in writing, to the Food Service Manager.

2. Health care staff shall record the order and notify the facility Food Service Manager, or designee, using the Therapeutic Diet Order form (Attachment A) as soon as possible to institute the therapeutic diet. The notification shall include the type of diet, the duration of the diet and any special instructions.
3. If the order for the diet is to avoid an allergic reaction, the physician, physician assistant, or nurse practitioner shall review the prisoner's prior health records or order confirmatory testing for the allergy as necessary.
4. The Food Service Manager shall ensure that sufficient quantities of foods are available to meet therapeutic dietary needs. In determining the quantities of foods to meet this requirement, the Food Service Manager, or designee, shall review the Therapeutic Diet Order forms submitted by health care staff.
5. If the order for a therapeutic diet is for reasons other than to avoid an allergic reaction, it shall be reviewed at least every (180) days by the physician, physician assistant, nurse practitioner or dentist to ensure that it is still necessary for the medical treatment of the prisoner. A therapeutic diet order shall be reviewed and rewritten on an annual basis or more often as clinically indicated.
6. Therapeutic diets must be evaluated by a qualified dietitian or nutritionist at least annually and whenever a substantial change is made to the menus.
7. Health care staff shall educate prisoners with dietary related health care needs on appropriate food selections and shall document the education in the prisoner's health care record and on the Therapeutic Diet Order Form.

## VII. PROFESSIONAL STANDARDS

### ACA:

**ACI - 4-4318** [Therapeutic diets are provided, as prescribed, by appropriate clinicians. A therapeutic diet manual is available in health services and food services for reference and information. Prescriptions for therapeutic diets should be specific and complete, furnished in writing to the food service manager, and rewritten annually, or more often as clinically indicated.](#)

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