

# GUIDANCE FOR MEDICAL DIETS

## Federal Bureau of Prisons Clinical Guidance

December 2024

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## WHAT'S NEW IN THIS DOCUMENT

Several updates have been made since the FBOP Clinical Practice Guidelines for Medical Diets were published in October 2012. Of particular note are the following:

- Updates have been made in the following sections: [Section 4. Special Diets](#), [Section 5. Supplemental Feeding](#), [Section 7. Dietary Orders](#), and [Section 10. Food Service Management](#).
- [Appendixes 1–3](#) have been updated.
- A new [Section 11. Tele-Nutrition Program](#) has been added, and a new [Appendix 3](#) lists Nutrition Consultation Criteria.

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## 1. PURPOSE

The Federal Bureau of Prisons (FBOP) Guidance for Medical Diets provides recommendations for the management of adults in custody with special dietary needs.

## 2. NATIONAL MENU

All FBOP medical and health service employees should familiarize themselves with the National Menu diet options in [Appendix 1](#).

→ *The nutritional analysis of the National Menu and its dietary options is available on [sallyport.bop.gov/co/hsd/food\\_svc/chief\\_dietitian.jsp](https://sallyport.bop.gov/co/hsd/food_svc/chief_dietitian.jsp).*

## 3. MEDICAL DIETS

A medical diet is a therapeutic diet designed to supplement a medical regimen. In accordance with [Program Statement 4700.07, Food Service Manual](#), menu item replacements may not always be provided when patients may have to avoid certain foods in the self-selection process. If there is concern the medical diet self-selection process is not adequate to meet the nutritional needs, an FBOP Registered Dietitian (RD) should be consulted to determine if a special diet is indicated.

## 4. SPECIAL DIETS

A special diet is used to provide medical diets to patients only when self-selection of the medical diet is not possible. As specified in **Program Statement 6031.05, Patient Care**, special food items will only be considered when clinically indicated as part of a treatment regimen. Special diet orders are situation-specific and generally only written after establishing an accurate diagnosis and initiating effective treatment or management of the underlying medical problem.

→ *Special diet orders should be made only when they are known to be effective for the patient's specific medical condition.*

- Providers should familiarize themselves with the National Menu Special Diet options as listed in [Appendix 2](#).
- For diets not listed in [Appendix 2](#), staff at non-Medical Referral Centers (non-MRCs) should consult a Central Office RD.
  - *Refer to [Section 11. Tele-Nutrition Program](#) for additional guidance.*
- MRC medical employees should work with their local RDs to develop necessary dietary accommodations.
  - *Refer to [Section 12. Nutrition Referrals at MRCs](#) for additional guidance.*

→ *For more information regarding clinical assessment, indication of food allergies, and food allergy management, refer to the clinical guidance [Management of Food Allergies](#), available at [https://www.bop.gov/resources/pdfs/food\\_allergy\\_guidance\\_201711.pdf](https://www.bop.gov/resources/pdfs/food_allergy_guidance_201711.pdf).*

## 5. SUPPLEMENTAL FEEDING

Providers should be aware of the supplemental feeding options (i.e., snacks) available at all institutions, as listed: [sallyport.bop.gov/co/hsd/food\\_svc/chief\\_dietitian.jsp](https://sallyport.bop.gov/co/hsd/food_svc/chief_dietitian.jsp).

**The provider's supplemental feeding orders for a patient should be specific in indicating:**

- The supplemental feeding options that are in accordance with the patient's specific medical needs.
- The frequency and portion size needed to ensure that the patient's dietary needs are met without the use of nutritional supplements.

### INAPPROPRIATE USE OF SUPPLEMENTAL FEEDING

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Issuing snacks to patients to avoid gastric distress when taking medication is not recommended. Instead, providers should move the time for taking the medication to within one hour after meals—unless there is a specific contraindication to the medication being given with food or meals.

### SUPPLEMENTAL FEEDING FOR PATIENTS WITH DIABETES

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**For most patients with diabetes, the use of snacks is not routinely recommended or required:** Patients may be overweight or obese and/or have uncontrolled glucose levels or hypertension and not in need of additional calories, carbohydrates, or sodium.

**Short-term issues:** Initiation or adjustment of insulin or oral diabetes medications or situations such as being placed in a Special Housing Unit or lack of access to commissary food options may contribute to short-term hypoglycemia and create the temporary need for a snack to avoid hypoglycemia. After starting this feeding option and patients have been monitored including insulin or medication adjustments have been made to avoid hypoglycemia, supplemental feeding may be re-evaluated by the clinical provider and discontinued if no longer needed.

**Long-term orders:** The solution to long-term hypoglycemia is often lowering insulin and other glucose lowering agents. In isolated and rare cases of chronic episodes of hypoglycemia, long-term orders for supplemental feedings may be indicated. These feedings are a part of the medical treatment plans for these patients and should be ordered by medical staff only as needed, on an individual basis

## 6. NUTRITION ASSESSMENT

If a provider is uncertain about whether a particular medical diet, special diet, or supplemental feeding order will meet the patient's nutritional needs, the provider is encouraged to request a nutritional assessment by an RD. Assessment can be conducted at MRCs by MRC RDs or virtually at non-MRCs by a Central Office RD.

## 7. DIETARY ORDERS

All special diets and supplemental feeding orders must be:

- Documented in the patient's medical record.
- Furnished in writing to the Food Service Administrator (FSA).
- Rewritten annually, or more often if clinically indicated.

In accordance with [Program Statement 6031.05, Patient Care](#):

- Medical diets that will be provided by self-selection may be ordered by an Advanced Practice Provider (APP), Clinical Director (CD), RD, staff physician, staff psychiatrist, or staff dentist.
- Special diets will be prescribed only by the CD, staff physician, staff psychiatrist, staff dentist, or APP. Registered Dietitians at MRCs may prescribe a special diet, but it must be countersigned by the primary physician.
- A Central Office RD may prescribe a special diet at any institution, which requires a co-signature by the primary provider.

Medical conditions that require a time-limited adherence to a special diet of less than 7 days (post-operatively, bowel prep protocols, and other diagnostic procedures) should be managed at the institution in cooperation with the Food Service Administrator (FSA).

**DIET and SUPPLEMENTAL FEEDING orders will be placed utilizing the *Diets* section of the electronic health record (EHR),** either in the *EMR > Chart > Diets > Diet Order* tab or from the final page the *Clinical Encounter, History and Physical, or Intake* section.

**For patients on the CERTIFIED FOOD MENU who have potential need of a special diet, a Central Office RD must be contacted:**

- In accordance with [Program Statement 4700.07, Food Service Manual](#), for patients on the Certified Food Menu, planned changes or substitutions to the approved Certified Food Menu or product specifications will not be made at the local or regional level, even for medical dietary reasons.
- This restriction applies to all FBOP institutions, including MRCs.

## 8. PATIENT FOLLOW-UP

The primary care provider ordering a special diet or supplemental feeding will reassess the patient (or, if indicated, consult a Central Office RD) at least annually to determine continued nutritional needs and establish clinical indication. At MRCs, reassessments should be conducted as needed by the local RD on an individual basis, in accordance with local procedures and accrediting body standards.

### ADMINISTRATION OF DIET ORDERS

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Effectiveness, tolerance, and adherence to medical diets, special diets, and supplemental feeding should be monitored. **At MRCs it is encouraged that the authorizing provider or RD consider the following guidance for all patients on special diet orders:**

- **WEEKS 1 AND 2:** Through directly observed therapy, monitor the patient's compliance and ability to tolerate the diet order.
- **STARTING WEEK 3:** If compliance is 100% and the side effects are manageable, continue the diet order for as long as clinically indicated, reassessing and rewriting at least annually.

## DISCONTINUATION OF DIET ORDERS

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Diet orders or supplemental feeding orders may be discontinued if:

- There is documentation of at least three different meals in the preceding two weeks during which the patient did not consume the ordered diet, without an authorized excuse.
- The patient is found to be providing items from their special diet orders or supplemental feedings to other patients.
- The patient is found to be stockpiling items from their supplemental feeding orders.

➔ *Food Service employees may document noncompliance; however, only the authorizing provider may discontinue orders for medical or special diets or supplemental feeding.*

➔ *Nutritional supplements may need to be authorized even if there is documentation of noncompliance with medical or special diet orders or supplemental feeding orders, however a low threshold should be utilized for discontinuation if the patient fails to follow the prescribed diet*

## 9. PATIENT EDUCATION

Documenting patient education about diet recommendations in the EHR is the responsibility of the prescribing medical provider, as well as the RD if a referral is placed.

**All patients self-selecting a medical diet from the National Menu should be provided education that includes, but is not limited to, the following:**

- How to identify the heart-healthy alternatives on the menu.
- How to identify which items on the menu are appropriate for the diet being ordered.
- If removed from a situation that normally allows them to self-select the appropriate diet, how to notify staff of their medical diet requirement per locally established procedures.
- How to make appropriate dietary selections from the commissary.

**All patients ordered a special diet or receiving a supplemental feeding should be provided with education that includes the following:**

- Information on the rationale and need for their special diet order.
- What foods or dietary modifications they can expect to receive.
- How to obtain their special diet meal or supplemental feeding.
- If removed from a situation that normally allows them to self-select the appropriate diet, how to notify staff of their special diet requirement per locally established procedures.
- How to make appropriate dietary selections from the commissary.

## 10. FOOD SERVICE MANAGEMENT

### HEART-HEALTHY REQUIREMENTS

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- In order to ensure that self-selection for medical diets from the National Menu is possible, the FSA will ensure all items listed on the National Menu are prepared as specified from the approved recipes contained in the Federal Nutrition System (FNS) and are displayed for service.
- **All items listed on the National Menu should be displayed on the serving line, space permitting**, as this allows the patient to self-select the proper food items and establish healthy eating habits. If there is not enough steam table space, a sign should be posted to notify patients of the available heart-healthy and no-flesh options.

## SATELLITE MEAL SERVICE REQUIREMENTS

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If patients in satellite service areas are not provided the opportunity to select a tray containing heart-healthy options from the National Menu, the FSA will develop local procedures to ensure that patients who have a medical diet, a special diet, or a supplemental feeding order receive the proper food items—including those items they would normally self-select if they were being served in a cafeteria setting.

## PROVISION OF MEALS MISSED DUE TO MEDICAL TRIPS OR TREATMENTS

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The FSA will develop local procedures to ensure that patients who have a medical diet, special diet, or a supplemental feeding order receive the proper food items—including those that they would normally self-select in a cafeteria setting if there are not limitations due to time and temperature control. If the patients are unable to attend mainline food service or pick up an ordered tray due to medical treatments/trips or other reasons beyond their control a sack meal or supplemental feeding aligned with their diet order will be provided.

## 11. TELE-NUTRITION PROGRAM

Tele-nutrition services are designed to assist medical staff by increasing patient access to medical nutrition therapy services conducted by an RD.

### AVAILABLE TELE-NUTRITION SERVICES

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The following services may be provided by a Central Office RD.

→ Refer to [Appendix 3](#) for criteria for determining referral.

#### **DIABETES SELF-MANAGEMENT CLASSES**

Each class should consist of individuals referred for newly diagnosed or uncontrolled diabetes. Classes should consist of up to 10 patients per session. Class educational content should cover lifestyle intervention topics, such as those identified by the American Diabetes Association, and other national diabetes guidelines.

#### **WEIGHT MANAGEMENT CLASSES**

Each class should consist of individuals referred for severe obesity (BMI > 40 kg/m<sup>2</sup>) or severe obesity complicated by stage II hypertension and/or appropriate disorder of lipid metabolism. Education should be provided to all participants regarding obesity, hypertension, and lipid disorder management.

#### **INDIVIDUAL TELE-NUTRITION COUNSELING**

Depending on individual patient care needs, consultations may be either a one-time-only assessment or may include an initial assessment with follow-up appointments as needed. Scheduling and referral for long-term follow-up care will be the responsibility of the medical staff of the referring institution, as continued need is determined by reevaluation of the patient's nutritional risk.

## MEDICAL RECORD REVIEW AND RECOMMENDATIONS

The need for face-to-face assessment versus patient medical record review should be determined case-by-case, at the discretion of the Central Office RD. Medical record reviews and administrative notes may be placed in the patient medical record for consultations that only require assessments for such things as:

- Calorie needs determination
- Interventions such as issuance of supplemental feeding
- Issuance or dosing of dietary supplements.

## NEEDS ASSESSMENT FOR MEDICAL NUTRITION THERAPY

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Patients should be screened by medical providers using the Nutrition Consultation Criteria available in [Appendix 3](#).

## PATIENT REFERRALS

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After medical providers have determined the need for medical nutrition therapy:

- Providers should place a Dietitian Consultation Request through the *Consults* tab in the *Clinical Encounter* section of the EHR.
- All consultation requests should include a clinical rationale, provisional diagnosis, list of current medications, list of acute/chronic health problems, whether a translator is needed, and additional comments or concerns regarding the patient's health.

## PATIENT SCHEDULING AND DOCUMENTATION IN THE ELECTRONIC HEALTH RECORD

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**PATIENT SCHEDULING** can be initiated by the RD or the requesting facility. Appointments will be scheduled based on a mutually agreed upon date and time. After the appointment is completed, the consult should be closed by the performing RD.

**PATIENT NO-SHOWS** should be documented in the comments section of the nutrition consult by a Central Office RD.

## INSTITUTION RESPONSIBILITIES FOR TELE-NUTRITION SERVICES

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Each institution should provide staff to assist with the following:

- Scheduling patient call-outs, confirming/finalizing patient appointments; updating patient appointments as needed with the Central Office RD; retrieving documents such as medical records, as needed.
- Communicating IP address or contact number of the video conference equipment to Central Office RD; maintaining proper setup and maintenance of video conference equipment; conducting pilot checks (audio, video) of all equipment with Central Office RD prior to scheduled patient appointment as needed. For telephonic appointments, communicating the contact phone number for the visit.

- Ensuring a recent (within one week) weight is available; escorting patient(s) to rooms; supervising patient(s) during counseling sessions as needed.
- **NEED FOR TRANSLATORS:** For patients requiring languages other than English, the initiating facility should provide translation services locally. The translator should be available for the duration of the patient's appointment. **Requests for a translator should be made as far in advance as possible to maximize availability.**

## DOCUMENTATION OF TELE-NUTRITION SERVICES

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- For diabetes self-management and weight management classes, the consulting RD should document the education provided to each patient in the EHR in a *Patient Education Note*.
- Individual consultations should be documented by the consulting RD in a *Clinical Encounter*.

## 12. NUTRITION REFERRALS AT MRCS

### OUTPATIENT REFERRALS

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#### NEEDS ASSESSMENT

A nutrition consult can be initiated through a consultation request in the EHR by a provider using the Nutrition Consultation Criteria, available in [Appendix 3](#), to determine whether the patient should be referred to an RD for further education or counseling.

#### CONSULTATION PLACEMENT

After medical providers have determined the need for medical nutrition therapy:

- **FOR ACUTE (URGENT) NEEDS:** Providers should place an electronic urgent Dietitian Consultation Request through the *Consults* tab in the *Clinical Encounter* section of the EHR. Providers should then contact the dietitian via email to alert the dietitian of the need for urgent consultation services.
- **FOR CHRONIC DISEASE MANAGEMENT (ROUTINE) ISSUES:** Providers should place an electronic routine Dietitian Consultation Request through the *Consults* tab in the *Clinical Encounter* section of the EHR.
- All consultation requests should include a clinical rationale, provisional diagnosis, list of current medications, list of acute/chronic health problems, whether a translator is needed, and additional comments or concerns regarding the patient's health.

Along with provider requests for nutrition consults, placement in nutrition classes may be requested by patients of any care level through locally established procedures if the classes are offered locally as part of Recreation or Education Department programming. Dietitian consultations will be reviewed and prioritized according to clinical acuity.

## SCREENING

All requests for consults will be screened based on the patient's care level and diagnosis/diagnoses as outlined in [Appendix 3](#). However, referral criteria may be further modified at the local level to best fit the institution's mission. If a referral does not meet criteria to be seen, an explanation should be provided in the *Comments* section of the referral.

All referrals, including urgent referrals, should be prioritized based on assessed need and date received. Target dates may be adjusted as indicated by the RD.

## DELIVERY METHOD

Referrals meeting nutrition consultation criteria will be seen in a class or one-to-one format. The RD will decide which format will best fit the given patient/circumstances.

## FOLLOW-UP CARE

Follow-up consults may be placed by a provider or requested via cop-out by the patient only after completion of an initial nutrition consult. Necessity and time-frame for follow-up consultation will be based on the patient's medical need per the ordering provider or RD.

## INPATIENT (NURSING CARE CENTER AND ACUTE CARE) REFERRALS

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### NEEDS ASSESSMENT

All patients admitted to an acute care unit or nursing care unit will receive an initial nutrition screen from nursing staff within 24 hours of admission. The screening tool located in the *Clinical Guidelines for Malnutrition* ([https://www.bop.gov/resources/pdfs/malnutrition\\_cpg2.pdf](https://www.bop.gov/resources/pdfs/malnutrition_cpg2.pdf)) may be utilized for the initial nutrition screening. If the patient meets the criteria for malnutrition or additional local MRC criteria, a request for nutrition consult should be entered in the EHR as described in the next section.

### CONSULTATION PLACEMENT

Providers should place an electronic Dietitian Consultation Request through the *Consults* tab in the *Clinical Encounter* section of the EHR.

All consultation requests should include a clinical rationale, provisional diagnosis, list of current medications, list of acute/chronic health problems, whether a translator is needed, and additional comments or concerns regarding the patient's health.

### DELIVERY METHOD

When appropriate, a care plan will be developed between the patient and RD. Interdisciplinary treatment team meetings should include a review of the nutritional care plan.

## OTHER REFERRALS

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- Mental health patients, including inpatient and forensic study patients, should be screened and referred using the criteria identified in [Appendix 3. Nutrition Consultation Criteria](#).
- Pre-sentence patients should be screened and referred using the criteria in [Appendix 3. Nutrition Consultation Criteria](#).
- All requests for consults not meeting criteria in [Appendix 3. Nutrition Consultation Criteria](#) may be seen at the RD's discretion.

## DOCUMENTATION

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Participation in nutrition classes or individual nutrition counseling will be documented in the *Clinical Encounter* section of the EHR.

## 13. DEFINITIONS

- ▶ **MEDICAL DIET:** A therapeutic diet to supplement a medical regimen. Medical diets will be provided by mainline self-selection from the items available on the National Menu for a given meal unless menu items fail to meet the medical requirement.
- ▶ **NATIONAL MENU:** Menu and variants approved by Central Office Food Service Branch.
- ▶ **NUTRITIONAL SUPPLEMENT:** A commercially made liquid or powder product designed to replace or supplement calories or macronutrients.
- ▶ **SELF-SELECTION:** The main method of providing medical diets to patients, whereby a patient is educated on how to select the items needed to meet the prescribed diet from the items available on the National Menu, and the patient self-selects the appropriate items.
- ▶ **SPECIAL DIET:** Also referred to as a therapeutic diet, is ordered only by authorized Health Services staff noted in the Program Statement 6031.05, Patient Care, when self-selection of a medical diet is not possible.
- ▶ **SUPPLEMENTAL FEEDING:** A method of providing patients additional food through “snack” offerings, if clinically indicated, as part of the treatment regimen.

## APPENDIX 1: FBOP NATIONAL MENU

Description	Medical Indications	Diet Principles and Nutritional Adequacy
<b>REGULAR DIET*</b>		
Regular diet options are offered to all individuals in accordance with <i>Program Statement 4700.07</i> .	There are no restrictions of any kind.	Regular diet options consider calorie and nutrient goals established by the Institute of Medicine.
<b>HEART-HEALTHY DIET*</b>		
Heart-healthy diet options are offered to all individuals in accordance with <i>Program Statement 4700.07</i> .	Heart-healthy diet options are for individuals looking to: <ul style="list-style-type: none"> <li>• Reduce calorie intake, and/or</li> <li>• Prevent diet-related chronic health issues, and/or</li> <li>• Better manage present chronic health issues such as diabetes or other conditions that respond to controlled intake of calories, sodium, fat, triglycerides, and/or cholesterol.</li> </ul>	Heart-healthy diet options consider nutritional goals established by the Institute of Medicine and Dietary Guidelines for Americans.  Heart-healthy options attempt to offer an average of approximately 2000 calories per day, with: <ul style="list-style-type: none"> <li>• 20–35% of calories from fat</li> <li>• &lt; 7% of calories from saturated fat</li> <li>• &gt; 38 g of fiber</li> <li>• &lt; 2000 mg of sodium</li> </ul>
<b>NO-FLESH DIET*</b>		
No-flesh diet options are offered to all individuals in accordance with <i>Program Statement 4700.07</i> . These are non-meat alternatives for individuals choosing to not consume a meat-containing entrée.	There are no restrictions of any kind.	The no-flesh diet options consider calorie and nutrient goals established by the Institute of Medicine and Dietary Guidelines for Americans.
<p><i>*A copy of the above DIET OPTIONS and their nutritional analysis can be found on: <a href="https://sallyport.bop.gov/co/hsd/food_svc/chief_dietitian.jsp">sallyport.bop.gov/co/hsd/food_svc/chief_dietitian.jsp</a></i></p>		

## APPENDIX 2: SPECIAL DIETS

Description and Diet Principles	Medical Indications	Nutritional Adequacy
<ul style="list-style-type: none"> <li>All special diets require a current diet order</li> <li>Special diet menus and instructions are available for Food Service use on: <a href="https://sallyport.bop.gov/co/hsd/food_svc/Medical%20Diet%20Outlines.jsp">sallyport.bop.gov/co/hsd/food_svc/Medical%20Diet%20Outlines.jsp</a></li> </ul>		
<b>NOTHING BY MOUTH (NPO)</b>		
<p>NPO status is a type of diet modification as well as a fluid restriction.</p>	<p>Often prescribed before surgery and certain diagnostic procedures—to rest the GI tract—or when an individual’s nutritional problem has not been identified.</p>	<ul style="list-style-type: none"> <li>This diet should not be used for more than 24 hours because it does not provide adequate calories and nutrients.</li> <li>If intended as a diet order for more than a short time period, an RD should be consulted for assistance with patient nutritional assessment and diet appropriateness.</li> </ul>
<b>CLEAR LIQUID DIET</b>		
<p>The clear liquid diet consists mostly of water and carbohydrates, providing approximately 500 calories/day.</p> <p>Liquids must be clear/transparent (you can see through them) and may include water, fat-free broth, tea, black coffee, apple juice, gelatin, popsicles, clear soda (lemon lime), or translucent nutritional supplements.</p>	<ul style="list-style-type: none"> <li>The clear liquid diet is ordered as preparation for certain diagnostic tests and surgeries. It is intended to provide an oral source of fluids to prevent dehydration and reduce colonic residue to a minimum in preparation for bowel surgery or colonoscopy.</li> <li>A clear liquid diet can also be used as the first meal or two after surgery as well as a transitional diet from intravenous feeding or acute gastrointestinal disturbance.</li> </ul>	<ul style="list-style-type: none"> <li>While this diet is very nutritionally inadequate, it does relieve thirst, aids in hydration, and mildly stimulates peristalsis.</li> <li>This diet should not be used for more than 24-48 hours because it does not provide adequate calories or nutrients, even when combined with nutritional supplements.</li> <li>Individuals with diabetes should not be prescribed a “sugar-free” clear liquid diet, as it restricts and important source of nutrients.</li> </ul>
<i>Appendix 2: Special Diets, Page 1 of 7</i>		

Description and Diet Principles	Medical Indications	Nutritional Adequacy
<ul style="list-style-type: none"> <li>All special diets require a current diet order</li> <li>Special diet menus and instructions are available for Food Service use on: <a href="http://sallyport.bop.gov/co/hsd/food_svc/Medical%20Diet%20Outlines.jsp">sallyport.bop.gov/co/hsd/food_svc/Medical%20Diet%20Outlines.jsp</a></li> </ul>		
<b>FULL LIQUID DIET</b>		
<p>This diet includes the foods allowed on the clear liquid diet plus milk and small amounts of fiber.</p> <p>Foods must be liquid at room temperature and can include milk, custard, or pudding. Thinned hot cereal, strained cream soups, and margarine are also included.</p>	<ul style="list-style-type: none"> <li>A full liquid diet is indicated after oral surgery, plastic surgery of the face and neck, or other head and neck surgeries, such as esophageal surgery.</li> <li>It is used in conjunction with dilation procedures in the management of esophageal stricture, after mandibular fractures, or with any individual who cannot chew properly or who has an esophageal or pharyngeal disorder that interferes with the normal handling of solid foods.</li> </ul>	<ul style="list-style-type: none"> <li>The full-liquid diet provides approximately 1300 calories per day.</li> <li>Oral supplements should be ordered to increase nutrient intake for patients who require this diet for more than 3–4 days to assist them in meeting their needs. <i>If in question, an RD can assist with assessing patient nutritional needs.</i></li> <li>For patients with chewing or swallowing difficulties who may benefit from a liquid diet, a texture-modified diet is recommended.</li> </ul>
<b>FIBER-RESTRICTED DIET</b>		
<p>This diet is intended to minimize foods containing high amounts of fiber, such as whole grains, seeds, whole nuts, raw vegetables, and connective tissues of meats.</p>	<ul style="list-style-type: none"> <li>This diet may be prescribed for patients with a diagnosis of acute diverticulitis, Crohn’s disease, ulcerative colitis, or irritable bowel syndrome or patients recovering from surgery on the GI tract.</li> <li>This diet is usually used on a short-term basis for acute GI distress.</li> </ul>	<ul style="list-style-type: none"> <li>This diet is nutritionally adequate for most patients.</li> <li>Gastrointestinal and individual tolerances may vary; a Central Office RD should be consulted if a nutritional assessment and additional diet modifications are deemed necessary by a medical provider.</li> </ul>
<i>Appendix 2: Special Diets, Page 2 of 7</i>		

Description and Diet Principles	Medical Indications	Nutritional Adequacy
<ul style="list-style-type: none"> <li>All special diets require a current diet order</li> <li>Special diet menus and instructions are available for Food Service use on: <a href="http://sallyport.bop.gov/co/hsd/food_svc/Medical%20Diet%20Outlines.jsp">sallyport.bop.gov/co/hsd/food_svc/Medical%20Diet%20Outlines.jsp</a></li> </ul>		
<b>GLUTEN-FREE DIET</b>		
<p>This is a diet free of gluten/gliadin, such as that found in wheat, rye, oat, or barley protein and malt. The diet is intended to eliminate toxic glutes or, more specifically, the toxic fraction gliadin.</p>	<p>The gluten-free diet is for individuals with diagnosed celiac disease, non-tropical sprue, gluten-sensitive enteropathy, or gluten or wheat allergy. Its aim is to improve the symptoms of diarrhea, abdominal distension, flatulence, steatorrhea, failure to thrive, chronic pain, and anemia associated with gluten/gliadin intolerance.</p>	<p>This diet is nutritionally adequate in most cases. Constipation may be encountered because wheat fiber is excluded from the diet.</p>
<b>DIALYSIS DIET</b>		
<p><b>This is a strict renal diet that limits sodium, phosphorous, and potassium and provides extra protein. If a patient has chronic kidney disease but is not on dialysis, this diet may be unnecessarily restrictive in minerals while providing excessive protein.</b></p> <p>If only certain nutrients need to be limited, according to lab results, an individual consultation with an RD can be initiated. Nutrition education materials are also available online at <a href="http://sallyport.bop.gov/co/hsd/food_svc/nutrition_resources/index.jsp">sallyport.bop.gov/co/hsd/food_svc/nutrition_resources/index.jsp</a></p>	<p>The dialysis diet is for individuals on hemodialysis or peritoneal dialysis</p>	<p>A renal multivitamin may be required to meet nutrient needs.</p>
<i>Appendix 2: Special Diets, Page 3 of 7</i>		

Description and Diet Principles	Medical Indications	Nutritional Adequacy
<ul style="list-style-type: none"> <li>All special diets require a current diet order</li> <li>Special diet menus and instructions are available for Food Service use on: <a href="https://sallyport.bop.gov/co/hsd/food_svc/Medical%20Diet%20Outlines.jsp">sallyport.bop.gov/co/hsd/food_svc/Medical%20Diet%20Outlines.jsp</a></li> </ul>		
<b>ALLERGEN-FREE DIET</b>		
<p>An allergen-free diet should only be prescribed as a result of allergy testing AND clinical correlation of symptoms, in accordance with the FBOP Clinical Guidance <i>Management of Food Allergies</i>, available at: <a href="https://www.bop.gov/resources/health_care_mngmt.jsp">https://www.bop.gov/resources/health_care_mngmt.jsp</a></p>	<ul style="list-style-type: none"> <li>Food allergy has no basic, universally accepted definition. The National Institutes of Health defines food allergy as “an adverse immune response that occurs <i>reproducibly</i> on exposure to a given food and is distinct from other adverse responses to food, such as food intolerance, pharmacologic reactions, and toxin-mediated reactions.”</li> <li>However, in published articles on food allergy, definitions frequently vary, confounding the recommendations on diagnosing and managing patients with food allergies. Nevertheless, the distinction between a <i>food allergy</i> with an allergic response and <i>food intolerance</i>, such as the inability to digest the sugar lactose, is clinically relevant.</li> </ul>	<p>An allergen-free diet can be nutritionally adequate if necessary substitutions are made and appropriate nutrition education is provided.</p>
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<b>TEXTURE-MODIFIED DIETS</b>		

Description and Diet Principles	Medical Indications	Nutritional Adequacy
<ul style="list-style-type: none"> <li>All special diets require a current diet order</li> <li>Special diet menus and instructions are available for Food Service use on: <a href="http://sallyport.bop.gov/co/hsd/food_svc/Medical%20Diet%20Outlines.jsp">sallyport.bop.gov/co/hsd/food_svc/Medical%20Diet%20Outlines.jsp</a></li> </ul>		
<p style="text-align: center;">Adapted from the International Dysphagia Diet Standardization Initiative (IDDSI):  <a href="https://iddsi.org/IDDSI/media/images/Complete_IDDSI_Framework_Final_31July2019.pdf">https://iddsi.org/IDDSI/media/images/Complete_IDDSI_Framework_Final_31July2019.pdf</a>                      Full details: <a href="https://iddsi.org/">https://iddsi.org/</a></p>		
<p><b>NOTE REGARDING IDDSI LEVELS:</b> If dysphagia is suspected, assessment by a dysphagia specialist should be conducted to determine the patient’s dysphagia level and need for a texture-modified diet. For patients who find it difficult to swallow liquids, the liquids may require thickening. This can also be assessed by a dysphagia specialist. Providers working at non-MRCs should consult a Central Office RD prior to initiating any IDDSI diet. Providers working at MRCs should work with local RDs to assess potential accommodations. Each IDDSI diet level has a corresponding menu, which can be viewed on the Sallyport Central Office Food Service website: <a href="http://sallyport.bop.gov/co/hsd/food_svc/Medical%20Diet%20Outlines.jsp">sallyport.bop.gov/co/hsd/food_svc/Medical%20Diet%20Outlines.jsp</a>.</p>		
<p><b>PUREED (LEVEL 4)*</b></p>		
<ul style="list-style-type: none"> <li>Usually eaten with a spoon (a fork is possible)</li> <li>Cannot be drunk from a cup because it does not flow easily</li> <li>Cannot be sucked through a straw</li> <li>Does not require chewing</li> <li>No lumps or stickiness</li> <li>Liquid does not separate from solid</li> </ul>	<p>Patient has...</p> <ul style="list-style-type: none"> <li>Significantly reduced tongue control</li> <li>Inability to bite and/or chew or difficulty biting and/or chewing</li> <li>Diminished ability to propel a food bolus</li> <li>Inability to manipulate food or form a food bolus</li> <li>Pain on chewing or swallowing</li> <li>Missing teeth or poorly fitting dentures</li> </ul>	<p>This diet is nutritionally adequate for most patients; however, may require nutritional supplementation based on individual patient calorie needs.</p>
<p>Appendix 2: Special Diets, Page 5 of 7</p>		

Description and Diet Principles	Medical Indications	Nutritional Adequacy
<ul style="list-style-type: none"> <li>All special diets require a current diet order</li> <li>Special diet menus and instructions are available for Food Service use on: <a href="http://sallyport.bop.gov/co/hsd/food_svc/Medical%20Diet%20Outlines.jsp">sallyport.bop.gov/co/hsd/food_svc/Medical%20Diet%20Outlines.jsp</a></li> </ul>		
<b>MINCED AND MOIST (LEVEL 5)*</b>		
<ul style="list-style-type: none"> <li>Can be eaten with a fork or spoon</li> <li>Can be scooped or shaped</li> <li>Soft and moist with no separate thin liquid</li> <li>Small lumps (no larger than 4 mm x 15 mm) may be visible within the food.</li> </ul>	<p>Patient has...</p> <ul style="list-style-type: none"> <li>Inability to bite or difficulty biting</li> <li>Difficulty chewing</li> <li>Minimal tongue strength to move/manipulate food bolus</li> <li>Pain or fatigue on chewing</li> <li>Missing teeth or poorly fitting dentures</li> </ul>	<p>This diet is nutritionally adequate in most cases; however, may require nutrition supplementation based on individual patient calorie needs.</p>
<b>SOFT AND BITE-SIZED (LEVEL 6)*</b>		
<ul style="list-style-type: none"> <li>Can be eaten with a fork or spoon</li> <li>Can be mashed/broken down with pressure from a fork or spoon</li> <li>A knife is not required to cut this food</li> <li>Soft, tender, and moist throughout with no separate thin liquid</li> <li>Chewing is required</li> <li>Bite-sized pieces do not exceed 15 mm in size</li> </ul>	<p>Patient must...</p> <ul style="list-style-type: none"> <li>Be able to chew</li> <li>Have tongue force and control to move the food and keep it within the mouth for chewing and oral processing</li> <li>Have tongue force to move the food bolus for swallowing</li> </ul> <p>Patient may/may not...</p> <ul style="list-style-type: none"> <li>Have the ability to bite</li> <li>Have pain or fatigue on chewing</li> <li>Have missing teeth or poorly fitting dentures</li> </ul> <p>Patient may...</p> <ul style="list-style-type: none"> <li>Benefit from this diet if they are prone to choking (food pieces are smaller)</li> </ul>	<p>This diet is nutritionally adequate in most cases.</p>
<i>Appendix 2: Special Diets, Page 6 of 7</i>		

Description and Diet Principles	Medical Indications	Nutritional Adequacy
<ul style="list-style-type: none"> <li>All special diets require a current diet order</li> <li>Special diet menus and instructions are available for Food Service use on: <a href="http://sallyport.bop.gov/co/hsd/food_svc/Medical%20Diet%20Outlines.jsp">sallyport.bop.gov/co/hsd/food_svc/Medical%20Diet%20Outlines.jsp</a></li> </ul>		
<b>EASY TO CHEW (LEVEL 7)*</b>		
<ul style="list-style-type: none"> <li>Normal, everyday foods of <b>soft/tender</b> textures</li> <li>Any method can be used to eat these foods</li> <li>Food pieces may be any size</li> <li>Does not include hard, tough, chewy fibrous, stringy, crunchy, or crumbly bits, pips, seeds, fibrous parts of fruit, husks, or bones</li> <li>May include dual-consistency foods (cereal with milk, vegetables/meat in soup) per clinician’s discretion. If unsafe for thin liquids, liquid portion can be thickened to clinician’s recommended thickness level</li> </ul>	<p>Patient must...</p> <ul style="list-style-type: none"> <li>Have the ability to bite soft foods</li> <li>Have the ability to chew and orally process food long enough to form a cohesive ball/bolus that is “swallow ready.” This does not necessarily require teeth.</li> <li>Have the ability to chew and orally process soft/tender foods without tiring easily</li> </ul> <p>Patient may...</p> <ul style="list-style-type: none"> <li>Benefit from this diet if they find it difficult or painful to chew and swallow hard and/or chewy foods</li> <li><b>As food pieces of ANY size can be used, this level could present a choking risk for patients with clinically identified increased risk of choking</b></li> <li><b>If a patient needs supervision to eat safely, consult a qualified clinician to determine appropriate food texture needs and a mealtime plan for safety. This level should only be used under the strict recommendation and written guidance of a qualified clinician.</b></li> </ul>	<p>This diet is nutritionally adequate for most patients.</p>
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## APPENDIX 3: NUTRITION CONSULTATION CRITERIA

<p>All FBOP facilities should utilize the following assessment parameters to order a nutrition consult. Based on diagnosis and other pertinent factors, an RD should determine if the patient’s needs are best served in a class or individual education format.</p>	
<p><b>DIABETES SELF-MANAGEMENT CLASS</b></p>	<ul style="list-style-type: none"> <li>Newly diagnosed diabetes</li> <li>Diabetes with an A1C &gt; 7%</li> </ul>
<p><b>WEIGHT MANAGEMENT CLASS</b></p>	<ul style="list-style-type: none"> <li>Body mass index &gt; 40 kg/m<sup>2</sup></li> <li>Disorder of lipid metabolism (any 3 of the following 4 criteria): <ul style="list-style-type: none"> <li>Total cholesterol &gt; 200mg/dL</li> <li>LDL &gt; 130 mg/dL</li> <li>Triglycerides &gt; 150 mg/dL</li> <li>HDL &lt; 40 mg/dL</li> </ul> </li> <li>Hypertension with combination blood pressure &gt; 160 mmHg systolic and &gt; 100 mmHg diastolic</li> </ul>
<p><b>OTHER INDICATIONS FOR RD CONSULTATION</b></p>	<ul style="list-style-type: none"> <li>Body mass index &lt; 18.5 or &gt; 40 kg/m<sup>2</sup></li> <li>Newly diagnosed diabetes</li> <li>Diabetes with A1C of ≥10%</li> <li>Unintentional weight loss or severe malnutrition, as outlined in the FBOP Clinical Guidance*</li> <li>Chronic kidney disease: stage 3 (GFR 30–59 mL/min), stage 4 (GFR 15–29 mL/min)</li> <li>End-stage renal disease: stage 5 (GFR &lt; 15 mL/min or on dialysis)</li> <li>Post-bariatric surgery patients, as outlined in FBOP Clinical Guidance *</li> <li>Food allergies, as outlined in FBOP Clinical Guidance*</li> <li>Chronic wounds, as outlined in FBOP Clinical Guidance*</li> <li>Evaluation for long-term (&gt; 30 days) use of oral supplement</li> <li>Nutrition-related health concern not addressable by FBOP National Regular Menu, Heart Healthy Menu, or No-Flesh Menu options, Medical Diet, or Special Diet order</li> <li>Considering elective arthroplasty and meets one or more of the following criteria: <ul style="list-style-type: none"> <li>Diabetes with an A1C ≥ 10 %</li> <li>Hypertension with combination blood pressure &gt; 160 mmHg systolic and &gt; 100 mmHg diastolic</li> <li>End-stage renal disease: stage 5 (GFR &lt; 15 or on dialysis)</li> <li>BMI ≥ 25 kg/m<sup>2</sup> as outlined in FBOP Clinical Guidance*</li> </ul> </li> </ul> <p>* FBOP Clinical Guidance is available online at: <a href="http://www.bop.gov/resources/health_care_mnqmt.jsp">http://www.bop.gov/resources/health_care_mnqmt.jsp</a></p>
<p><b>FOR PATIENTS WITH THE FOLLOWING INDICATIONS, NUTRITION EDUCATION MAY BE PROVIDED BY ANY HEALTH CARE PROVIDER.*</b></p>	<ul style="list-style-type: none"> <li>Stable hypertension, diabetes, or coronary artery disease</li> <li>Implications of drug/nutrient interactions</li> <li>Request or complaint regarding food</li> <li>Overweight or obese patients with BMI &lt; 40 kg/m<sup>2</sup></li> <li>Patients with pre-diabetes or metabolic syndrome</li> </ul>
<p>*Nutrition education materials can be found here: <a href="http://sallyport.bop.gov/co/hsd/food_svc/nutrition_resources/index.jsp">sallyport.bop.gov/co/hsd/food_svc/nutrition_resources/index.jsp</a></p>	