



STATE OF WASHINGTON  
DEPARTMENT OF CORRECTIONS

APPLICABILITY  
**PRISON/REENTRY**  
FACILITY/SPANISH MANUAL

REVISION DATE  
12/8/23

PAGE NUMBER  
1 of 4

NUMBER  
**DOC 610.240**

## POLICY

TITLE

**THERAPEUTIC DIETS**

### REVIEW/REVISION HISTORY:

Effective: 10/16/01  
Revised: 9/30/05  
Revised: 5/14/07  
Revised: 3/23/09  
Revised: 8/9/10  
Revised: 6/21/12  
Revised: 8/25/14  
Revised: 7/15/19  
Revised: 1/20/22  
Revised: 12/8/23

### SUMMARY OF REVISION/REVIEW:

Attachment 1 - Adjusted guidelines  
Added II.B. that a recommended therapeutic diet supersedes a religious diet unless the individual declines during the medical encounter where it is recommended

### APPROVED:

Signature on file

**MARYANN CURL, MD**  
Chief Medical Officer

11/3/23

Date Signed

Signature on file

**DAVID FLYNN,**  
Assistant Secretary for Health Services

11/3/23


Date Signed

Signature on file

**CHERYL STRANGE,** Secretary  
Department of Corrections

11/6/23

Date Signed

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p><b>POLICY</b></p>	<p>APPLICABILITY <b>PRISON/REENTRY</b> FACILITY/SPANISH MANUAL</p>		
	<p>REVISION DATE 12/8/23</p>	<p>PAGE NUMBER 2 of 4</p>	<p>NUMBER <b>DOC 610.240</b></p>
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## REFERENCES:

DOC 100.100 is hereby incorporated into this policy; DOC 610.040 Health Screenings and Assessments; [Washington DOC Health Plan](#); [Dietary Reference Intakes](#); [DOC Snack Guide](#); [Liquid Nutritional Supplements](#)

## POLICY:

- I. The Department has established guidelines to provide nutritional intervention to incarcerated individuals with a medical necessity.

## DIRECTIVE:

- I. General Requirements
  - A. In Prisons, therapeutic diet menus will be reviewed annually and approved by the Food Service Administrator/designee and Registered Dietitian to ensure they meet the Dietary Reference Intakes established by the National Institutes of Health.
    1. The Therapeutic Diet Guidelines (Attachment 1) will be used to ensure adequacy and consistency of therapeutic diets.
      - a. Individuals may self-select food items from the mainline diet for dietary conditions outlined in Attachment 1.
      - b. Any other therapeutic diet is considered Level 2 care and requires authorization per the Washington DOC Health Plan.
    2. Food Services employees/contract staff will ensure prescribed therapeutic diets are prepared and delivered as ordered.
  - B. In Reentry Centers, therapeutic diets will be provided as required by a completed Health Status Report (HSR) or prescribed by a qualified medical provider.
    1. Documentation will be provided to the Food Service Manager.
- II. Authorization and Implementation of Therapeutic Diets in Prisons
  - A. Individuals who may require a therapeutic diet will be identified through the health examination process per DOC 610.040 Health Screenings and Assessments or a nutritional assessment performed by a Registered Dietitian.
  - B. Recommended therapeutic diets will take precedence over a religious diet unless the individual declines during the medical encounter where it is recommended.



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REVISION DATE  
12/8/23

PAGE NUMBER  
3 of 4


NUMBER  
**DOC 610.240**

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### THERAPEUTIC DIETS

1. If the individual does not decline, the recommended diet will remain in effect until its expiration date and the religious diet will resume.
- C. Diet recommendations or orders may only be made by a practitioner or Registered Dietitian within the limits of their training, experience, and licensure. Recommendations and prescribed diets must be supported by appropriate documentation in the individual's health record (e.g., HSR).
- D. If a main food allergy (i.e., fish, peanut, and tomato) is suspected:
  1. The practitioner will make a clinical determination using:
    - a. An antigen-specific immunoassay test with a result greater than 0.35 kU/L for fish, tomato, or peanut,
    - b. A copy of previous skin testing, double blind food challenge, or serum testing reports, or
    - c. A firsthand, documented report from a practitioner of anaphylactoid or anaphylactic allergic reaction.
  2. A temporary HSR will be issued until a testing appointment is made and/or test results are received.
- E. Testing for any other food allergy is considered Level 2 care and requires authorization per the Washington DOC Health Plan.
- F. Nutritional supplements may be provided in the following situations when medically necessary and require a practitioner or Registered Dietitian order:
  1. For diabetics requiring snacks who are on basal insulin and/or have documented episodes of hypoglycemia,
  2. During pregnancy when practitioner's prescribed weight goal is not met,
  3. While taking prescribed medications that must be taken with food,
  4. When disease is expected to result in weight loss (e.g., chemotherapy), or
  5. Recent unintentional, objectively verified weight loss with documented serious health consequences of at least:
    - a. 10 percent of body weight over the past 6 months,
    - b. 7.5 percent of body weight over the past 3 months, or
    - c. 5 percent of body weight over the past month.

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	<p>REVISION DATE 12/8/23</p>	<p>PAGE NUMBER 4 of 4</p>	<p>NUMBER <b>DOC 610.240</b></p>
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- G. Any other use of supplements is considered Level 2 care and requires authorization per the Washington DOC Health Plan.
- H. Nutritional supplements will be provided in the following order:
  - 1. Snacks per the DOC Snack Guide
  - 2. Nutritional liquid supplement drinks per the Liquid Nutritional Supplements guidelines
  - 3. Enteral feeding
  - 4. Parenteral nutrition
- I. When the preferred supplement is inadequate to meet the individual's nutritional needs in the clinical judgment of the practitioner and Registered Dietitian, another nutritional supplement will be provided.
- J. The standard snack will be 2 packages of soda crackers when medication requiring to be taken with food does not coincide with regularly scheduled meals.
  - 1. An appropriate snack will be provided if the medication has a specified nutrient need.
- III. Monitoring and Compliance
  - A. Individuals receiving prescribed therapeutic diets will be monitored/reassessed for compliance and effectiveness annually by the practitioner/Registered Dietitian or as medically necessary. Results of prescribed use will be documented as a Primary Encounter Report.
  - B. In Prisons, DOC 13-048 Declining Medical, Dental, Mental Health, and/or Surgical Treatment will be signed if the individual refuses to follow a prescribed diet.

## DEFINITIONS:

Words/terms appearing in this policy may be defined in the glossary section of the Policy Manual.

## ATTACHMENTS:

Therapeutic Diet Guidelines (Attachment 1)

## DOC FORMS:

DOC 13-048 Declining Medical, Dental, Mental Health, and/or Surgical Treatment