

ARIZONA DEPARTMENT OF CORRECTIONS

**DIET REFERENCE MANUAL
JUNE 2018**

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ARIZONA DEPARTMENT OF CORRECTIONS APPROVAL FORM

This Correctional Food Service Diet Reference Manual, written specifically for the Arizona State Department of Corrections (ADC), will be used by staff to order, plan and administrate the Medical and Religious Restricted Diet Program and the ADC Nutrition Standards Medical and Religious Diet Guidelines. The Diet Reference Manual will be distributed to medical, dietary, contract food service and correctional personnel. All manuals are considered property of the Department of Corrections and cannot be copied or distributed outside ADC.



Carson McWilliams, Division Director, Offender Operation Date



Richard Pratt, Assistant Director, 05/30/2018
Health Services Contract Monitoring Bureau Date



Kenneth Herman, ADC Pastoral Administrator 05/30/2018
Date

INDEX OF RESTRICTED DIETS

Medical Diets	
Diet:	Diet Description:
<p>Renal Dialysis Diet Strict Restrictions on Sodium/Potassium High protein (average 90 grams high biological value protein) Limited processed meats are served.</p> <p>(page 20)</p>	<p>To be assigned to those inmates undergoing or preparing to undergo renal dialysis. The diet eliminates foods high in potassium and phosphorus to avoid excess accumulation between dialysis treatments. Sodium is restricted to minimize fluid gain between dialysis treatments. Adequate amounts of high biological value protein are provided to ensure repletion of protein lost during dialysis.</p>
<p>Controlled (Low) Protein Diet</p> <p>(page 21)</p>	<p>The controlled protein diet is for CHRONIC conditions of the liver or ACUTE kidney disorders requiring strict protein control to minimize waste product excess due to impaired liver or kidney function. This diet is NOT appropriate for hepatitis A, B or C unless cirrhosis has developed. Provides 60-80 Grams of Protein Sodium restricted 2-3 grams per day</p>
<p>Wasting Syndrome Diet</p> <p>(page 22)</p>	<p>The wasting syndrome diet should be ordered when additional calories and protein are needed for those suffering from a disease or condition that has been clinical proven to cause detrimental weight loss or other conditions where an increased calorie level is medically necessary. <u>Not</u> to be prescribed indefinitely. Medical staff monitors inmate throughout the duration of the diet for improvement in condition.</p>
<p>Pregnancy Diet</p> <p>(page 23)</p>	<p>General population menu is enhanced by 300 calories. To be prescribed for the duration of the pregnancy and 6 weeks post partum only.</p>
<p>Allergy Diet</p> <p>This diet addresses the following food items: wheat, corn, milk, eggs, peanuts, tree nuts, fish, shellfish, soy, tomato, onions, and peppers</p> <p>(page 24)</p>	<p>The Allergy Diet eliminates the top 9 allergy-producing foods (as listed). An inmate should be screened for actual food allergy. Food preferences will not be considered as a valid basis for this diet.</p> <p>Diet requests for foods not listed to the left are considered Non-Standard diet requests and will require objective data such as RAST testing or confirmation from an outside provider or medical history to be approved.</p>
<p>Gluten Intolerance Diet/Gluten Free</p> <p>(page 25)</p>	<p>The Gluten Free diet is to be used to treat Gluten Intolerance, Celiac Sprue, or Non-Tropical Sprue. The diet eliminates, as much as possible, wheat, rye, or barley.</p>

<p><u>Clear Liquid</u> Limit 3 days (page 26)</p> <p><u>Full Liquid</u> : Limit 5 days (page 27)</p> <p><u>Long Term Full Liquid</u> : (page 28)</p>	<p>Clear Liquid for post flu or other stomach illness or pre-testing only. Three day limit. For hydration and calories only. Not nutritionally adequate for long-term use.</p> <p>Full Liquid menu limited for up to 5 days. Not nutritionally adequate for long-term use. Use post dental work, mouth sores, etc.</p> <p>Long-Term Full Liquid Diet used with medical supervision when solid foods cannot be eaten or tolerated. High protein shake is used to enhance calories. Appropriate for wired jaw up to 6 weeks,</p>
<p><u>Liquid Supplements</u> Nutritional Supplement contains 440 calories serving when mixed with 2% Milk. (page 29)</p>	<p>Liquid supplements can be prescribed by the Attending HCP for Cancer, HIV with tissue wasting, or other wasting diseases not otherwise specified for up to two servings per day. Nutritional Supplements are not to be prescribed indefinitely. Inmates must meet certain criteria and any servings beyond two units per day must be approved by the local Medical Review Committee.</p>
<p><u>Prescribed Snack</u></p> <p>The prescribed snack will consist of: 3 Graham Crackers OR 6 Saltine Crackers</p> <p>(page 30)</p>	<p>Prescribed snacks must be ordered by the Health Care Provider. Inmates may receive up to 3 snacks per day. Snacks will be handed out during regular meal times. Prescribed snack orders need to indicate which meal the snack will be provided to the inmate. The three times snacks will be distributed are:</p> <ol style="list-style-type: none"> 1) AM snack (at breakfast) 2) Mid-day snack (at lunch) 3) Bedtime (HS) snack (at dinner) <p>The snacks will be provided under the following conditions:</p> <ul style="list-style-type: none"> • When medically necessary to prevent hypoglycemia or sustain normal blood sugar levels • For Insulin Dependent Diabetics requiring a bedtime snack for insulin dosing • When an inmate has “keep on person” medications that is required to take medication with food at bedtime.
<p><u>Post Chemotherapy Diet</u> (page 31)</p>	<p>Post Chemo or Radiation Therapy only or following intravenous immunoglobulin therapy.</p>

RELIGIOUS DIETS

Vegan Diets must be prescribed by Religious Providers. Medical, dental or psychiatric providers are not permitted to prescribe vegan diets.

Medical Diets take precedence over Religious Diets. If a medical condition exists that is contraindicated by the Religious Diet, the Medical Diet will supersede it.

An inmate may sign the medical refusal form for his/her medical diet and renew his/her religious diet, but must do so in writing.

Diet	Diet Description
Kosher Menu averages 2700 calories per day (page 14)	Two week menu cycle approved for kosher religious practices by a rabbi and approved for nutritional content by a registered dietitian.
Vegan Menu averages 2700 calories per day (page 14)	The Vegan diet excludes, as much as possible, all products made from meat, meat bi-products, dairy and eggs. Contains alternate proteins from beans, nuts, legumes, and soy

OUTLINE OF RESTRICTED MEDICAL DIETS

MEDICAL RESTRICTED DIETS:

This manual follows the guidelines developed by staff of the Arizona Department of Corrections and represents a change in how medical diets are handled. The new approach is a three tiered plan to meet the dietary needs of ADC inmates.

Tier One: Self Management: The general population menu is designed to ensure that inmates maintain a desirable body weight, minimizes consumption of fat and simple carbohydrates and maintains an acceptable glucose level and is therefore appropriate for both Type-I and Type-II diabetic inmates and inmates with hypoglycemia or metabolic syndrome. The fat and sodium content of the general menu render it appropriate for those inmates requiring a diet for cardiac or high blood pressure issues. Self-management of conditions such as high blood pressure and diabetes will be encouraged and dietary education shall be provided by contracted Health Services staff. Emphasis will be placed on educating the inmate about appropriate commissary purchases. This approach is consistent with the American Diabetes Association position on Diabetes Management in Correctional Institutions and with the guidelines set by the National Academies of Science – National Research Council.

Tier Two: Formulary Prescribed Medical Diets: When the general population menu is deemed inappropriate by the Health Care Provider (“HCP”), a medical diet may be ordered *using only the diets listed the Diet Reference Manual*. Addition of texture modifications diets is acceptable, for example “*Mechanical Dental Soft Controlled Protein Diet*”. All other modifications are considered ‘non-formulary’. Inmates prescribed formulary medical diets can be provided education from Health Services upon request or ordered by the health care provider.

Tier Three: Non Formulary Medical Diets: Any additional medical diets not listed in the Diet Reference Manual may be prescribed on a case by case basis by the HCP with the approval of the contracted vendor Medical Director (or designee) in collaboration with the ADC contracted Registered Dietitian. All non formulary diets must be reviewed and approved for final approval by the ADC Health Services Contracted Monitoring Bureau Medical Program Administrator (or designee). Prior to approval by the ADC Health Services Contracted Monitoring Bureau Medical Program Administrator (or designee), the ADC Contract Officer’s Representative for the food services contract shall be consulted to ensure the non- formulary diet can be prepared within contractual obligations. Inmates prescribed non- formulary medical diets can be provided education from Health Services upon request or as ordered by the HCP.

Medical Diets take precedence over Religious Diets. If a diagnosed medical condition exists that is contraindicated by the Religious Diet, the Medical Diet will supersede it.

ALL REGULAR AND RESTRICTED DIETS

Responsibility:

The Contract Food Service Staff (CFSS) will provide regular and restricted diets that are nutritionally adequate, regularly monitored and compatible with the needs of inmates.

- Procedure:
1. All inmates, including those in administrative and protective segregation, will be provided with an adequate diet based on current Recommended Dietary Allowances (RDA) from the National Academies of Science – National Research Council.
 2. The general population menu will form the basis of all restricted diets included in the Diet Reference Manual for the Arizona Department of Corrections (ADC).
 3. Request for special foods based on inmate preferences shall **not** be ordered by health care providers.
 4. It is the responsibility of the CFSS to check the Inmate's ID card and match it to the restricted diet roster to correctly distribute the prescribed diet or snack.
 5. The CFSS will document the delivery of restricted diets for each inmate on a meal by meal basis. Lockdown restricted diets are delivered to Correctional Staff who issue and document the delivery of the Restricted Diet to the inmate.
 6. Correctional officers assigned to the dining room observing inmates refusing the restricted diet meal, selecting regular meals through the regular meal line, receiving, trading, giving food away, or otherwise altering his/her restricted diet will submit an information report (IR) according to institutional procedures. A copy of the IR will be forwarded to the Unit Deputy Warden, the ADC Food Service Liaison, Senior Chaplain, and the Facility Health Administrator (FHA) for the appropriate administrative action up to and including removal from the restricted diet list. The FHA will share these records with the Attending Physician and/or the HCP.

ORDERING AND CANCELING RESTRICTED DIETS

Requirements

The ordering and canceling of restricted diets shall conform to established procedures to ensure the expedient delivery of the appropriate diets to all inmates. Restricted diets may be written for a period of up to one year with the exception of liquid supplements.

Procedures:

1. Only medically indicated restricted diets as identified in the ADC Diet Reference Manual may be ordered by a medical or dental provider. Religious diets listed in this manual may only be ordered by religious providers such as Senior Chaplains.
2. Non- formulary diets not in the Diet Reference Manual that are medically indicated can only be ordered with final approval of the ADC Health Services Contracted Monitoring Bureau Medical Program Administrator (or designee).
3. Health Care Providers and Senior Chaplains ordering restricted diets will complete, sign and date the Restricted Diet Order Form. The completed order form will be forwarded to the ADC Food Service Liaison for approval and processing of the diet card in accordance with procedures.
4. Incomplete or non-conforming diet order forms will be returned unprocessed to the HCP by the ADC Food Service Liaison.
5. Telephone (verbal) orders for a restricted diet will be honored but must be followed with a written order sent to the ADC Food Service Liaison within one working day of the initial order.
6. Restricted diets may be canceled at any time by a HCP or Senior Chaplain by notification to the ADC Food Service Liaison.
7. An inmate's commissary will be reviewed by a HCP and/or Senior Chaplain during the health evaluation and/or when diet compliance is an issue and non renewal is contemplated. The ADC Food Service Liaison shall review an inmate's commissary on an as needed basis. Each inmate is responsible for his/her restricted diet and compliance of their diet.

PROCEDURES FOR RESTRICTED DIETS

Responsibility:

The CFSS will provide the necessary supervision and training to assure that restricted diets are prepared and served according to the guidelines set forth in the approved diet manual. The CFSS shall maintain permanent documentation of meals actually served for prescribed medical, dental, religious, or other modifications to the regular menu.

Administration:

The Food Service Contractor and ADC will maintain a dietary program that provides restricted diets for inmates diagnosed with medical conditions with specific dietary requirements.

- Procedure:
1. Inmates with a medical diagnosis will be provided with a restricted diet appropriate for their medical condition based on the ADC approved General Population Menus

NOTE:

=>Urgent diets may be phoned directly into the ADC Food Service Liaison who will direct food service staff to prepare the required meal.

=>If the ADC Food Service Liaison is **not** available, the Medical Provider may contact the CFSS or designee directly.

=>Written documentation of the Medical diet will follow within 24 hours. See Diet Call in Log in Appendix.

2. Medical diets will be ordered by a Health Care Provider (HCP) and Religious Diets will be ordered by a Senior Chaplain. It will be the HCP's and/or Senior Chaplain's responsibility to revise, re-order, or cancel restricted diets as deemed necessary.
3. Dietary education to inmates prescribed restricted medical diets will be provided by contracted health services staff.
4. The CFSS will be trained in the preparation and delivery of restricted diets to the appropriate inmates and will maintain dietary records according to established protocol.
5. Food service personnel will be responsible for obtaining the inmate's signature when he/she receives a diet tray or snack, except for diets served to inmates confined in lockdown units where correctional staff will obtain signatures.
6. Upon review of the Evaluation of Inmate Medical/Religious Diet (Non-

Compliance) form by the ADC Food Service Liaison, documentation of non-compliance will be forward to the FHA (medical diets) or Senior Chaplain (religious diets). An inmate may only be removed for non-compliance by either a HCP or Chaplain. Non-compliance is defined as five (5) meals missed in seven (7) calendar days, or when the inmate requests removal in writing. The HCP or Senior Chaplain shall notify the ADC Food Service Liaison within 48 hours of canceling an inmate's diet. Upon notification from the HCP or Senior Chaplain, the ADC Food Service Liaison shall ensure the inmate is immediately removed from the diet roster and the inmates diet card is confiscated.

7. When a diet must be changed temporarily because of dental or other issues, the provider must include the diet type with the mechanical manipulation necessary to allow the inmate to eat his/her diet. *Example: Vegan Diet plus Mechanical Soft for two weeks.*
8. It is the responsibility of an inmate to maintain the active status of his/her diet. An inmate whose diet has been removed from the diet roster must be reinstated by medical by submitting a Health Needs Request or by the Senior Chaplain after determining the inmate did not violate the terms of the religious diet.
9. Inmates on restricted diets will be provided only their prescribed diet. Inmates **will not** be offered a General Population meal if they refuse their diet meal.

DIETARY CONSULTATIONS

Requirements:

The Arizona State Department of Corrections will provide dietary consultations for inmates with specific medical diagnosis following the established procedures.

Simple diet instruction and education can be provided by contracted health services upon request, or as ordered by the HCP—Diet education provided to inmates covers lifestyle and self-management issues for conditions such as hypertension, diabetes, allergies, gluten intolerance, weight loss, weight gain, etc. For clinical issues more complex, a consult for the Contracted Registered Dietitian can be ordered.

Procedures:

- 1) Dietary consultations may be provided by the contract Registered Dietitian if ordered and approved by the Health Care Provider for inmates with the following diagnosis:
 - A. Newly diagnosed renal disease requiring a restricted diet with questions or difficulties that cannot be addressed by contracted health services.
 - B. Crohns disease or other gastrointestinal diseases with clinically relevant malabsorption that shows no response to appropriate diet treatment.
 - C. Inmates with chronic weight loss/wasting disease.
 - D. Special dietary consultations for other medical conditions may be requested only with the approval of the Medical Review Board or the ADC Health Services Contracted Monitoring Bureau Medical Program Administrator (or designee).
- 2) Dietary consultations will be requested by completion of the Medical Dietary Consultation Request Form by the Health Care Provider.
- 3) The Medical Dietary Consultation Request Form will be placed in the inmate's medical record with a copy for the dietitian and ADC Food Service Liaison.
- 4) Restricted diets not included in the Diet Reference Manual, but recommended by the Dietary Consultant, may be ordered by the HCP by completing a Restricted Diet Order Form in the "other" section (see Ordering and Canceling of Diets). If needed, the contract registered dietitian will provide the restricted menu to meet the nutrition requirements of the restricted diet.

OUTLINE OF RELIGIOUS DIETS

Purpose:

To ensure inmates whose sincere religious beliefs require adherence to dietary restrictions are provided nutritionally adequate meals that allow them to conform.

Responsibility:

The Contract Registered Dietitian will outline a nutritionally adequate menu for the approved religious diets based on specifications and directives provided by the Director of Pastoral Services. The CFSS will provide the necessary supervision and training to assure that religious diets are prepared and served according to the guidelines set forth in this procedure.

Procedure:

1. Religious diets orders must be approved and signed by the Senior Chaplain or designee. Only the approved list of religious diet menus will be used.
2. The contract Registered Dietitian will review all religious diet menus to ensure the inmate is receiving an adequate diet. The contract Dietitian will include this as part of the annual review.
4. Religious fasts will be in accordance to the ADC Food Services Technical Manual.
5. Religious diets will be defined, ordered, discontinued, reinstated, and reviewed according to the procedures of the religious service program.
6. Inmates on religious diets will be provided only their prescribed diet. Inmates **will not** be offered a General Population meal if they refuse their religious diet.
7. **Medical Diets take precedence over Religious Diets. If a diagnosed medical condition exists that is contraindicated by the Religious Diet, the Medical Diet will supersede it.**

RELIGIOUS DIETS DESCRIPTION

VEGAN DIET

A vegan diet is prescribed as an accommodation for inmates whose sincere religious beliefs forbid the consumption of animal products. It replaces flesh items with peanut butter, beans, legumes, or soy protein.

KOSHER DIET

Kosher refers to food that is permitted to be eaten in accordance with the dietary restrictions of the Jewish religion. Followers of the Jewish faith who observe these restrictions as part of their religious practice will avoid eating those foods which would not be considered as kosher.

The Arizona Department of Corrections authorized a two week menu that incorporates the principles of kosher meal preparation as much as possible. The preparation and service are accomplished following procedures approved by a rabbi. The menu is certified for nutritional adequacy by the Contract Registered Dietitian. It is designed to ensure that dairy products are not served in the same meal as meat or poultry, utilizing cooking and serving utensils reserved for kosher food preparation. Except for fresh fruits and vegetables and other items that are considered inherently Kosher, only foods certified by a recognized Orthodox Kosher standard with symbols such as "OU" (Union of Orthodox Jewish Congregations), "K" (Kosher) or "CRC" (Chicago Rabbinical Council) are served under the Kosher Diet menu. Where the kosher diet menu calls for the service of pre-packaged foods, only pre-packaged items bearing the appropriate kosher certification symbol are served. However, some pre-packaged items (like tea, coffee, sugar, sugar substitute, salt and pepper and other condiments) are served in pre-packaged packets without the kosher symbol because they are delivered from vendors in bulk packaging bearing an appropriate kosher certification.

GENERAL POPULATION MENU

Indication:

The General Population Menu is designed for individuals who require no special dietary modifications or restrictions. It will be served to all inmates unless a restricted diet is ordered. Due to its consistent carbohydrate content and moderate sodium and fat content, the general population menu will be used for inmates with Type I and Type II diabetes, hypoglycemia, impaired glucose tolerance, or metabolic syndrome and those requiring a 'heart healthy' or cardiac diet or a moderate sodium diet.

Principles:

- A. Follow Dietary Guidelines established by the United States Department of Agriculture (USDA) and Health and Human Services (HHS).
 1. Adequate but not excessive calories while meeting guidelines for vitamins and mineral intakes
 2. Adequate fiber
 3. Moderate sodium
 4. Limit saturated fats to $\leq 10\%$ calories, total fat to 20-35% calories. Minimize or eliminate *trans* fats
 5. Decrease added sugars

- B. Maintenance of blood glucose within normal limits even in those inmates whose glucose tolerance is impaired.

Nutritional Adequacy:

This diet provides an adequate quantity of nutrients as described by the RDA standards of the National Academies of Science – National Research Council. The General Population menu will offer approximately 2900 (+/- 200) calories per day for men and 2200 (+/- 200) calories per day for women ages 18 to 70.

Minor populations, ages 13-17, will be served an enhanced calorie menu according to the Male and Female General Population Menus. Male Minor Menus will be in compliance with The National School Lunch and Arizona Department of Education Standards.

SUICIDE/MENTAL HEALTH WATCH MENU PROTOCOL

Suicide Watch (CONSTANT WATCH) Menu Protocol:

Finger Food packed in a paper bag for all meals. No Styrofoam containers or utensils

Sample Meal: 4 slices of bread (no wrap)
Lunch Meat & Cheese (no wrap)
Snack of the Day (removed from package)
Cookie (no wrap)
Beverage Packet

Mental Health Watch Menu Protocol:

Current menu for the day with no modifications served only in a disposable container

DIABETES MANAGEMENT PROTOCOL

Nutritional counseling and menu planning are an integral part of the multidisciplinary approach to diabetes management in correctional facilities. Educating the patient, individually or in a group setting, about how food affects diabetes control is the first step in facilitating self-management. A dietary pattern that includes carbohydrates from fruits, vegetables, whole grains, legumes, and low-fat milk is encouraged for good health. Foods that contain carbohydrates are an important source of energy, fiber, vitamins, and minerals and are important in dietary palatability. Substantial evidence from clinical studies demonstrates that dietary sucrose (white sugar) does not increase blood sugar more than the same caloric amounts of carbohydrate from starch. Sucrose containing foods can be substituted for other carbohydrates in the meal plan. There should be consistent carbohydrate content at each meal. The carbohydrate contents of breakfast, lunch, dinner, and snacks may vary, but the day-to-day carbohydrate content of meals and snacks is kept consistent.

It is recommended that the term "ADA diet" no longer be used since the American Diabetes Association no longer endorses a single nutrition prescription or percentage of macronutrients. The best mix of carbohydrates, protein, and fat varies depending on individual circumstances.

The diabetes diet will be based on the General Population menu which incorporates the principles endorsed by the ADA for diabetes care in correctional institutions:

- Consistent amount of carbohydrates served at breakfast, lunch, and dinner utilizing carbohydrate counting method or nutritional analysis to determine the amount of carbohydrate at each meal; 50-60% of calories based on a 7-day average
- Protein: 15-20% of total calories based on a 7-day average
- Fat: 30-35% of total calories based on a 7-day average.
- Recommended fiber amounts will be that of the general population: 25-38 gram per day. A higher fiber diet is not recommended for people with diabetes than for the general population as a whole. Populations, including people with diabetes, are encouraged to eat a variety of fiber containing foods such as legumes, cereals, fruits, vegetables, and whole grain products.

If it is medically necessary for the inmate to have a snack to control blood sugars or to prevent hypoglycemia after PM insulin dose, one to three snacks per day may be prescribed by the health care provider. Please see page 29 for snack guidelines.

HYPERTENSION PROTOCOL

The dietary approach for hypertensive inmates will be based on the General Population Menu which incorporates the nutritional principles for hypertension management.

- If needed, reduce body weight through moderate caloric restriction
- Moderate use of dietary sodium
- Increase dietary intake of potassium
- Maintain adequate dietary calcium and magnesium
- Decrease dietary fats

CARDIAC PROTOCOL

The dietary approach for hypertensive inmates will be based on the general population menu which incorporates the nutritional principles for hypertension management outlined by the NCCHC:

- Limit fat to no more than 30% of calories from fat and no more than 10% of calories from saturated fat.
- Encourage custody officials to include heart-healthy items as options in the commissary.

DENTAL/MECHANICAL SOFT DIET

Indication:

A mechanical/dental soft diet is suitable for inmates who have difficulty in chewing due to illness, injury, recent dental procedure, or that may be edentulous

Principles:

The diet is composed of foods that do not require mastication and are easily swallowed. The menu is based on the General Population Menu for Males and Females. Regular menu items are used whenever possible. Items are chopped, ground or mashed to the inmate's ability to chew. Vegetables should be well cooked, fruits peeled and mashed when necessary. Hard crust wheat breads are avoided, as are crackers, chips and other crisp or rough foods. Foods with seeds, nuts, coconut, relish, pickles, peppercorns, and crunchy peanut butter should be avoided.

Nutritional Adequacy:

This diet provides an adequate quantity of nutrients as prescribed by the RDA standards from the National Academies of Science – National Research Council for females and males ages 18-70.

RENAL DIALYSIS DIET

Indication:

The dialysis diet is used in the treatment of inmates with end-stage renal disease who are receiving hemodialysis or peritoneal dialysis. Management focuses on controlled intake of sodium, potassium, phosphorous and fluids.

Principles:

- A. Reduce the production of wastes that must be excreted by the kidneys
- B. Avoid fluid overload between dialysis treatments
- C. Avoid electrolyte overload or imbalance
 - 1. Processed meats are limited to keep sodium content at approximately 2500 mg
 - 2. High potassium foods are served only once per day in restricted amounts
 - 3. High phosphorous foods are limited
- D. Provide adequate high biological protein to ensure immune function and to replace protein lost during dialysis

Nutritional Adequacy:

The dialysis diet provides an adequate quantity of most nutrients as described by the RDA standards of the National Academies of Science – National Research Council.

CONTROLLED (LOW) PROTEIN DIET

Indication:

To provide a diet for acute renal or chronic hepatic distress

- A. Help prevent the build-up of urea and other nitrogenous waste, creatinine, electrolytes (especially potassium, sodium and phosphate) and uric acid that are normally processed and excreted by the kidney and liver.
- B. Provide high biological value protein in amounts appropriate to maintain lean body mass and immune system function without further burden to liver or kidneys.

Principles:

The controlled protein diet emphasizes controlled intake of protein, sodium and potassium. Adequate intake of essential amino acids and calories are planned to meet the needs of the patient with a specific degree of acute renal failure or chronic hepatic impairment.

Nutritional Adequacy:

This diet provides an adequate quantity of nutrients as described by the RDA standards of the National Academies of Science – National Research Council.

WASTING SYNDROME DIET

Indication:

To supply adequate calories, protein, vitamins and minerals for inmates diagnosed with a disease causing wasting syndrome. The goal is to prevent tissue wasting, weight loss and allow for adequate nutrition to help fight secondary infections. Diet is indicated to treat diseases such as Cancer or HIV/AIDS, etc.

Principles:

The nutrient requirements of individuals diagnosed with a disease causing wasting syndrome has not been established. Treatments can cause numerous problems such as nausea, vomiting, diarrhea, pain, taste changes and loss of appetite, all of which may lead to weight loss and muscle wasting. Extra nutrients are needed to repair cells and build new tissue. The Wasting Syndrome Menu is used to supply adequate protein, vitamins, minerals and calories to maintain a healthy balanced nutritional state throughout the disease treatment. The general population menu is the basis of the diet. It is enhanced with increased serving sizes of some menu items, three (3) milks per day and a bedtime snack.

Nutritional Adequacy:

The wasting syndrome diet supplies approximately 3300 calories per day for the male population and 2700 calories per day for the female population. This diet provides an adequate quantity of nutrients as prescribed by the RDA standards of the National Academies of Science – National Research Council.

PREGNANCY DIET

Indication:

To assure adequate nutrition during pregnancy up to 6 weeks post partum.

Principles:

Calories

The American Dietetic Association recommends an additional 300 kcal per day during pregnancy. (Pre-pregnancy needs are about 2,200 calories daily for most active women and teenage girls and about 1,600 calories for sedentary women.) This additional calorie requirement may seem small. However, it is enough to supply the extra energy essential to support pregnancy. Some expectant mothers may be tempted to “eat for two,” or double the amount of food they normally eat. This practice is likely to result in excessive weight gain.

Protein

Both the expectant mother and developing fetus need increased amounts of protein. In 1989, the Recommended Dietary Allowance (RDA) for protein during pregnancy was significantly reduced, based on revised estimates of the efficiency of protein utilization in pregnant women. It is recommended that pregnant women consume at least 60 grams of protein a day, or only 10 grams more than non-pregnant women.

Nutritional Adequacy:

This diet provides an adequate quantity of most nutrients as prescribed by the RDA standards of the National Academies of Science – National Research Council. Additional supplementation provided by prenatal vitamins is recommended for the increased need in iron (30 mg/day), folic acid (600-800 mcg/day), and B-complex vitamins to support healthy pregnancy.

ALLERGY DIET

Indication:

This diet is used in the treatment of diagnosed food allergies or intolerances.

Principles:

This menu will effectively remove the top nine allergy-producing foods:

Egg	Fish	Shellfish	Peanuts	Corn
Milk	Wheat	Tree Nuts	Soy	Tomato
Onion	Green Pepper			

Nutritional Adequacy:

This diet provides an adequate quantity of most nutrients as described by the RDA standards of the National Academies of Science – National Research Council.

Note to Providers:

Clinical, objective medical tests to establish food allergies may be considered to establish food allergies. Inmates should only be allergy tested when there is sufficient evidence to do so.

Individual intolerances may require the exclusion of certain food items. These intolerances/allergies must be acknowledged by the physician in writing. Food substitutions or menu exchanges will be made only by the contracted food service Registered Dietitian only when the exclusion or avoidance of the offending food would jeopardize the nutritional status of the menu as a whole. Non-life threatening food intolerances will be treated as a self-managed avoidance diet if possible. It will be the responsibility of the inmate to avoid those foods or ingredients that are not well tolerated. Education handouts as well as menu information will allow inmate to avoid foods not tolerated.

The general population menu **does not** contain pork, fish or shellfish and can be served to inmates with only those allergies.

GLUTEN INTOLERANCE DIET/GLUTEN FREE

Indication:

This diet is used in the treatment of gluten induced entropathies (non-tropical sprue, celiac disease).

Principles:

- A. Eliminate foods that contain gluten
 1. Wheat, rye, barley containing baked goods, cereal, coatings or pasta are eliminated
 2. Derivatives of wheat, rye, or barley malt vinegar or thickening agents

- B. Meet nutritional needs

Nutritional Adequacy:

This diet provides an adequate quantity of nutrients as described by the RDA standards of the National Academies of Science – National Research Council.

CLEAR LIQUID DIET

Indication:

This diet is for persons requiring a source of fluids with calories and electrolytes during acute stages of many illnesses, especially those with elevated temperatures, in acute inflammatory condition of the gastrointestinal tract, pre-operative, post-operative, or in conditions where it is necessary to minimize the amount of fecal material in the colon.

Principles:

1. **Maintain hydration:**
The clear liquid diet provides at least 70 ounces of fluid.
2. **Provide adequate carbohydrates:**
The clear liquid diet provides approximately 60 grams of carbohydrate; this is enough to prevent low blood sugar or onset of ketosis.
3. **Minimize digestive burden:**
The clear liquid diet provides calories and fluids without stimulating extensive digestive processes.

Nutritional Adequacy:

This diet is not nutritionally complete. The diet lacks calories, protein, vitamins and minerals to meet the RDA and **should not be used for more than three days.**

ONE DAY CLEAR LIQUID SAMPLE MENU (omit sugar for level 5 menu)

BREAKFAST		LUNCH		DINNER	
Beverage	2 Cup	Broth	2 Cup	Broth	2 Cup
Gelatin	1 Cup	Beverage	2 Cup	Beverage	2 Cup
Coffee	1 Cup	Gelatin	1 Cup	Gelatin	1 Cup
Sugar Pkts	3 ea	Sugar Pkts	3 ea	Sugar Pkts	3 ea

If diet is prescribed for Medical Test Purposes, **do not** serve Cherry or Strawberry Gelatin, as the dye may affect the test results.

Inmate Name: _____

Inmate Number: _____

Unit: _____

Date Begin: _____

Date End: _____

FULL LIQUID DIET

Indication:

This diet may be used in acute infection or post-operative surgery. The full liquid diet is indicated for the patient who is unable to tolerate solid foods and as an intermediate step in the progression from a clear liquid to a regular diet. If longer than 5 days is needed, refer to the Long Term Full Liquid Diet.

Principles:

The full liquid diet provides foods that are liquid or liquefied at body temperature.

Nutritional Adequacy:

This diet lacks calories, protein, vitamins and minerals to meet the RDA for males 19-50 or pregnant females. If long term (greater than 5 days) full liquid texture is required, the HCP must prescribe a Long Term Full Liquid Diet.

ONE DAY MEAL PATTERN (Omit sugar for level 5)

BREAKFAST		LUNCH		DINNER	
Beverage	2 Cup	Strained Soup or broth	1 Cup	Strained Soup or broth	1 Cup
Farina ,thin	1 Cup	Mashed Potatoes, Thin	1 Cup	Mashed Potatoes, Thin	1 Cup
Low Fat Milk	2 Cup	Gravy	3 oz	Gravy	3 oz
Liquid Supplement Pkt	1 ea	Pudding, thin	½ Cup	Pudding, thin	½ Cup
Coffee	1 Cup	Low Fat Milk	2 Cup	Low Fat Milk	2 Cup
Sugar Pkt	2 ea	Beverage	2 Cup	Liquid Supplement Pkt	1 ea
				Beverage	2 Cup

Inmate Name: _____

Inmate Number: _____

Unit: _____

Date Begin: _____ Date End: _____

LONG TERM FULL LIQUID DIET

Indication:

A Long Term Full Liquid diet is suitable for inmates who cannot chew due to a long term illness or injury greater than five (5) days and may be prescribed for up to eight (8) weeks.

Principles:

The diet is composed of foods that have been pureed to a full liquid consistency. Regular food items are used whenever possible. A straw is not provided due to security reasons. *

Nutritional Adequacy:

This diet provides an adequate quantity of nutrients as prescribed by the RDA standards for the National Academies of Science – National Research Council for females and males ages 18-50.

Note to Providers: For inmates requiring a Pureed Diet due to permanent inability to chew foods, please contact your contracted Food Service manager. A pureed diet can be made available for inmates for long term use. The registered dietitian will be contacted to ensure proper equipment and training is in place at the facility. The menu will be based on the General Population Menu.

***See Appendix for Long Term Full Liquid Menu and High Calorie Shake Recipe**

LIQUID NUTRITION SUPPLEMENTS

Liquid supplements may be recommended **only** when an inmate's intake of regular food is causing detrimental weight loss or severe tissue wasting. Some inmates when they are initially incarcerated have been severely malnourished secondary to drug abuse, alcoholism, homelessness, etc. These inmates, when fed the General Population Menu over time, should gain weight and normalized their nutritional status under normal circumstances. If secondary diseases exist and weight gain is not being achieved over time, then the addition of a Liquid Nutritional Supplement is an appropriate nutrition intervention.

Liquid supplements will be ordered by the Health Care Provider, not to exceed two servings per inmate per day. The contracted food service company provides and pays for two supplements per day for each inmate who meets the approved criteria. If additional supplements above two per day are required, each additional serving is paid for by the Arizona Department of Corrections and must be approved by the ADC Health Services Contracted Monitoring Bureau Medical Program Administrator (or designee).

Dental extraction is **NOT** a valid reason to prescribe supplements. Clear and Full Liquid diets are available for this purpose.

The liquid supplement contains milk. If the inmate is unable to tolerate milk or lactose, please contact the Food Service Manager or the Contracted Registered Dietitian for milk free alternatives for increased caloric needs.

Note to providers:

Do not order nutritional supplements on a routine basis for HIV positive inmates. Supplements should only be ordered for those who cannot eat solids or have documented significant weight loss below ideal body weight (5% weight loss in 30 days or 10% weight loss in 90 days).

Ordering supplements is not the only option. A Wasting Syndrome Diet can be ordered to supplement additional calories unless the patient has a difficult time chewing, swallowing, or tolerating solid foods due to disease or trauma conditions.

PRESCRIBED SNACKS FOR MEDICATION

Prescribed snacks must be ordered by the Health Care Provider. Snacks will be handed out during regular meal times. Prescribed snack must indicate the time of day snack is required to be provided to the inmate. The three times snacks will be handed out to inmates are:

- | | |
|-------------------------------------|--|
| 1) AM snack (at breakfast) | Consisting of three (3) each graham crackers. |
| 2) Mid-day snack (at lunch) | Consisting of six (6) each saltine crackers. |
| 3) Bedtime snack (at dinner) | Consisting of three (3) each graham crackers. |

The snacks will be provided under the following conditions:

- When medically necessary to prevent hypoglycemia or sustain normal blood sugar levels
- For Insulin Dependent Diabetics requiring a bedtime snack for insulin dosing
- When an inmate has “keep on person” medications that is required to take medication with food at bedtime

The Prescribed Snack is NOT to be used to provide additional calories for weight gain. Please see “Wasting Syndrome Diet” on page 22.

Prescribed Snack

The prescribed snack will consist of:

3 Graham Crackers

OR

6 saltine crackers

POST CHEMOTHERAPY DIET

Indication:

This diet may be used during or following chemotherapy, post radiation treatments, or following intravenous immunoglobulin therapy. The Chemotherapy diet is indicated for the patient who is unable to tolerate the smell or taste of hot foods. The diet may be used for up to 5 days post treatment.

Principles:

The Chemotherapy diet provides foods that are chilled, are not strong in flavor, and easy to digest. Hot foods are eliminated to reduce nausea related to the sensitivity of strong aromas. If the diet is to be served on Saturday or Sunday, breakfast and lunch shall be served for the Brunch Meal and Dinner will be served as noted.

THREE DAY MEAL PATTERN

BREAKFAST		LUNCH		DINNER	
Cold Cereal	1 Cup	Egg Salad	4 oz	Turkey Salad	4 oz
Bread	2 Slice	Wheat bread	4 Slice	Wheat bread	4 Slice
Jelly	1 oz	Saltine Crackers	6 crackers	Potato Salad	3/4 Cup
Margarine	1 Tbsp	Snack of the Day	1 Each	Tossed Salad	1 Cup
Cottage Cheese	1/2 Cup	Fruit	1 Svg	Dressing	1 oz
Fruit	1 Svg	Gelatin	1/2 Cup	Graham Crackers	3 squares
Beverage	1 Cup	Beverage	2 Cup	Pudding	1/2 Cup
Low Fat Milk	1 Cup			Low Fat Milk	1 Cup
				Beverage	2 Cup
Cold Cereal	1 Cup	Peanut Butter/Jelly Mix	3 oz	T-Ham Salad	4 oz
Bread	2 Slice	Wheat bread	4 Slice	Wheat bread	4 Slice
Jelly	1 oz	Saltine Crackers	6 crackers	Macaroni Salad	3/4 Cup
Margarine	1 Tbsp	Snack of the Day	1 Each	Tossed Salad	1 Cup
Cottage Cheese	1/2 Cup	Fruit	1 Svg	Dressing	1 oz
Fruit	1 Svg	Cookies	2 Each	Graham Crackers	3 squares
Beverage	1 Cup	Gelatin	1/2 Cup	Pudding	1/2 Cup
Low Fat Milk	1 Cup	Beverage	2 Cup	Low Fat Milk	1 Cup
				Beverage	2 Cup
Cold Cereal	1 Cup	Sliced Turkey	3 oz	Egg Salad	4 oz
Bread	2 Slice	Sliced Cheese	1 oz	Wheat bread	4 Slice
Jelly	1 oz	Wheat bread	4 Slice	Potato Salad	3/4 Cup
Margarine	1 Tbsp	Mustard/Salad Dressing Pc	1 Each	Tossed Salad	1 Cup
Cottage Cheese	1/2 Cup	Saltine Crackers	6 crackers	Dressing	1 oz
Fruit	1 Svg	Snack of the Day	1 Each	Graham Crackers	3 Squares
Beverage	1 Cup	Fruit	1 Svg	Pudding	1/2 Cup
Low Fat Milk	1 Cup	Gelatin	1/2 Cup	Low Fat Milk	1 Cup
		Beverage	2 Cup	Beverage	2 Cup

Fruit 1 Serving = 1/2 cup canned or 1 piece fresh fruit. Level 5 units omit fruit and substitute with vegetables 1/2 cup

CHEMOTHERAPY DIET RECIPES

Egg Salad	12 oz (2 servings)	24 oz (4 servings)	36 oz (6 servings)
Boiled Eggs Chilled & Chopped	5 peeled eggs chilled & chopped	10 peeled eggs chilled & chopped	15 peeled eggs chilled & chopped
Salad Dressing	2 oz	4 oz	6 oz

Directions: Boil eggs until done, chill immediately. Peel, chop cold eggs, and mix in salad dressing. Chill and serve with a 6 oz scoop.

Turkey Salad	12 oz (2 servings)	24 oz (4 servings)	36 Oz (6 servings)
Cold turkey luncheon meat	10 oz	20 oz	30 oz
Salad Dressing	2 oz	4 oz	6 oz

Directions: Chop turkey luncheon meat, mix in salad dressing. Chill and serve with a 6 oz scoop.

T-Ham Salad	12 oz (2 servings)	24 oz (4 servings)	36 oz (6 servings)
Cold T-ham	10 oz	20 oz	30 oz
Salad Dressing	2 oz	4 oz	6 oz

Directions: Chop T-Ham, mix in salad dressing. Chill and serve with a 6 oz scoop.

Potato Salad	2 Cups (2 servings)	4 Cups (4 servings)	6 Cups (6 servings)
Boiled potato, cold	1 □ c cubed cold, boiled potatoes	3 c cubed cold, boiled potatoes	4 □ c cubed cold, boiled potatoes
Salad Dressing	3 oz + 1 tsp mustard	6 oz + 2 tsp mustard	8 oz + 3 tsp mustard

Directions: Boil potatoes, drain, cool, mix in salad dressing/mustard. Chill and serve with an 8 oz scoop.

Macaroni Salad	2 Cups (2 servings)	4 Cups (4 servings)	6 Cups (6 servings)
Boiled macaroni, cold	1 □ c cooked , cold macaroni noodles	3 c cooked , cold macaroni noodles	4 □ c cooked , cold macaroni noodles
Salad Dressing	3 oz + 1 Tbsp minced Celery	6 oz +2 Tbsp minced Celery	8 oz + 3 Tbsp minced Celery

Directions: Cook macaroni, drain, chill and mix in salad dressing/minced celery. Chill and serve with an 8 oz scoop.

CHEMOTHERAPY DIET ORDER

Diet must be ordered **72 hours in advance** to allow for kitchen to obtain necessary special food items to serve the menu. The diet is **ONLY** for during or post chemotherapy, post radiation treatment, and post intravenous immunoglobulin therapy. Diet must be ordered by the attending HCP in consultation with the contracted Registered Dietitian.

Because of the short term use of the menu (3 to 5 days maximum), a diet card would **not** be issued for this temporary diet. For each Chemotherapy or Radiation treatment session, a **new** diet must be ordered to insure the items will be available for service. Please submit this diet order to the ADC Food Service Liaison and Food Service Manager for documentation.

Inmate Name: _____

Inmate Number: _____

Unit: _____

Date Begin: _____ Date End: _____

Medical Provider: _____

Order Date: _____

Liaison Received (initial): _____

Food Service Received (initial): _____

Appendix

HIGH CALORIE SHAKE RECIPE

#	Ingredients	1 Serving
51	Low Fat Milk - Fluid	1 cup
524	Peanut Butter - Smooth type	1 fl oz
4969	Syrup	1 fl oz
235	Banana-raw-peeled / or canned fruit	1 item or 1/2 c

Nutrition Information:
For 1 serving (413 gm)

Calories 485

Total Fat	19 g
Saturated Fat	5 g
Cholesterol	18 mg
Sodium	18 mg
Total Carbohydrate	69 gm
Dietary Fiber	5 gm
Sugars	37 gm
Protein	16 gm

Vitamin A 10% Vitamin C 20% Calcium 25% Iron 4%

LONG TERM FULL LIQUID

	DAY 1 Full Liquid	DAY 2 Full Liquid	DAY 3 Full Liquid	DAY 4 Full Liquid	DAY 5 Full Liquid	DAY 6 Full Liquid	DAY 7 Full Liquid
B R E A K F A S T	<p>Grits (thin w/ milk) 1 Cup Beverage 1 Cup Low Fat Milk 2 Cup Coffee 2 Cup Sugar Pkt 3 ea Margarine 2 Tsp Pureed Canned Fruit 1/2 Cup</p> <p>High Caloric Shake or Liquid Supplement 1 Cup</p>	<p>Cream of Wheat (thin with milk) 1 Cup Beverage 1 Cup Low Fat Milk 2 Cup Coffee 2 Cup Sugar Pkt 3 ea Margarine 2 Tsp Pureed Canned Fruits 1/2 Cup</p> <p>High Caloric Shake or Liquid Supplement 1 Cup</p>	<p>Oatmeal (thin with milk) 1 Cup Low Fat Milk 2 Cup Coffee 2 Cup Sugar Pkt 3 ea Margarine 2 Tsp Pureed Canned Fruit 1/2 Cup</p> <p>High Caloric Shake or Liquid Supplement 1 Cup</p>	<p>Grits (thin w/ milk) 1 Cup Beverage 1 Cup Low Fat Milk 2 Cup Coffee 2 Cup Sugar Pkt 3 ea Margarine 2 Tsp Pureed Canned Fruit 1/2 Cup</p> <p>High Caloric Shake or Liquid Supplement 1 Cup</p>	<p>Grits (thin w/ milk) 1 Cup Beverage 1 Cup Low Fat Milk 2 Cup Coffee 2 Cup Sugar Pkt 3 ea Margarine 2 Tsp Pureed Canned Fruit 1/2 Cup</p> <p>High Caloric Shake or Liquid Supplement 1 Cup</p>	<p>Cream of Wheat (thin with milk) 1 Cup Beverage 1 Cup Low Fat Milk 2 Cup Coffee 2 Cup Sugar Pkt 3 ea Margarine 2 Tsp Pureed Canned Fruits 1/2 Cup</p> <p>Mashed Potatoes (Thinned w/milk) 1 Cup Gravy 3 Oz</p> <p>High Caloric Shake or Liquid Supplement 1 Cup</p>	<p>Oatmeal (thin with milk) 1 Cup Beverage 1 Cup Low Fat Milk 2 Cup Coffee 2 Cup Sugar Pkt 3 ea Margarine 2 Tsp Pureed Canned Fruit 1/2 Cup</p> <p>Mashed Potatoes (Thinned w/milk) 1 Cup Gravy 3 Oz</p> <p>High Caloric Shake or Liquid Supplement 1 Cup</p>
L U N C H	<p>Pureed Cream Soup 1 Cup Mashed Potatoes (Thinned w/milk) 1 Cup Gravy 3 Oz Gelatin 1 Cup Beverage 1 Cup Low Fat Milk 1 Cup</p> <p>High Caloric Shake or Liquid Supplement 1 Cup</p>	<p>Pureed Cream Soup 1 Cup Mashed Potatoes (Thinned w/milk) 1 Cup Gravy 3 Oz Gelatin 1 Cup Beverage 1 Cup Low Fat Milk 1 Cup</p> <p>High Caloric Shake or Liquid Supplement 1 Cup</p>	<p>Pureed Cream Soup 1 Cup Mashed Potatoes (Thinned w/milk) 1 Cup Gravy 3 Oz Gelatin 1 Cup Beverage 1 Cup Low Fat Milk 1 Cup</p> <p>High Caloric Shake or Liquid Supplement 1 Cup</p>	<p>Pureed Cream Soup 1 Cup Mashed Potatoes (Thinned w/milk) 1 Cup Gravy 3 Oz Gelatin 1 Cup Beverage 1 Cup Low Fat Milk 1 Cup</p> <p>High Caloric Shake or Liquid Supplement 1 Cup</p>	<p>Pureed Cream Soup 1 Cup Mashed Potatoes (Thinned w/milk) 1 Cup Gravy 3 Oz Gelatin 1 Cup Beverage 1 Cup Low Fat Milk 1 Cup</p> <p>High Caloric Shake or Liquid Supplement 1 Cup</p>	<p>Pureed Cream Soup 1 Cup Mashed Potatoes (Thinned w/milk) 1 Cup Gravy 3 Oz Gelatin 1 Cup Beverage 1 Cup Low Fat Milk 1 Cup</p> <p>High Caloric Shake or Liquid Supplement 1 Cup</p>	<p>Pureed Cream Soup 1 Cup Mashed Potatoes (Thinned w/milk) 1 Cup Gravy 3 Oz Gelatin 1 Cup Beverage 1 Cup Low Fat Milk 1 Cup</p> <p>High Caloric Shake or Liquid Supplement 1 Cup</p>
D I N N E R	<p>Pureed Cream Soup 1 Cup Mashed Potatoes (Thinned w/milk) 1 Cup Gravy 3 Oz Gelatin 1/2 Cup Pudding 1/2 Cup Beverage 1 Cup Low Fat Milk 1 Cup</p> <p>High Caloric Shake or Liquid Supplement 1 Cup</p>	<p>Pureed Cream Soup 1 Cup Mashed Potatoes (Thinned w/milk) 1 Cup Gravy 3 Oz Gelatin 1/2 Cup Pudding 1/2 Cup Beverage 1 Cup Low Fat Milk 1 Cup</p> <p>High Caloric Shake or Liquid Supplement 1 Cup</p>	<p>Pureed Cream Soup 1 Cup Mashed Potatoes (Thinned w/milk) 1 Cup Gravy 3 Oz Gelatin 1/2 Cup Pudding 1/2 Cup Beverage 1 Cup Low Fat Milk 1 Cup</p> <p>High Caloric Shake or Liquid Supplement 1 Cup</p>	<p>Pureed Cream Soup 1 Cup Mashed Potatoes (Thinned w/milk) 1 Cup Gravy 3 Oz Gelatin 1/2 Cup Pudding 1/2 Cup Beverage 1 Cup Low Fat Milk 1 Cup</p> <p>High Caloric Shake or Liquid Supplement 1 Cup</p>	<p>Pureed Cream Soup 1 Cup Mashed Potatoes (Thinned w/milk) 1 Cup Gravy 3 Oz Gelatin 1/2 Cup Pudding 1/2 Cup Beverage 1 Cup Low Fat Milk 1 Cup</p> <p>High Caloric Shake or Liquid Supplement 1 Cup</p>	<p>Pureed Cream Soup 1 Cup Mashed Potatoes (Thinned w/milk) 1 Cup Gravy 3 Oz Gelatin 1/2 Cup Pudding 1/2 Cup Beverage 1 Cup Low Fat Milk 1 Cup</p> <p>High Caloric Shake or Liquid Supplement 1 Cup</p>	<p>Pureed Cream Soup 1 Cup Mashed Potatoes (Thinned w/milk) 1 Cup Gravy 3 Oz Gelatin 1/2 Cup Pudding 1/2 Cup Beverage 1 Cup Low Fat Milk 1 Cup</p> <p>High Caloric Shake or Liquid Supplement 1 Cup</p>

Level 5 units substitute fruit with 1 cup cold cereal

**ARIZONA STATE PRISON COMPLEX
DAILY TELEPHONE LOG**

DATE: _____ UNIT: _____ SHIFT: _____

TIME DATE	INMATE NAME	ADC #	PROBLEM/COMPLAINT/ NEW DIET ORDER	DISPOSITION/TREATMENT/ COMMENTS

SAWYER