

ARIZONA DEPARTMENT OF CORRECTIONS  
REHABILITATION & REENTRY

DIET REFERENCE MANUAL  
JANUARY 2022

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**ARIZONA DEPARTMENT OF CORRECTIONS REHABILITATION & REENTRY APPROVAL  
FORM**

This Correctional Food Service Diet Reference Manual, written specifically for the Arizona State Department of Corrections Rehabilitation & Reentry (ADCRR), will be used by staff to order, plan and administrate the Medical and Religious Restricted Diet Program and the ADCRR Nutrition Standards Medical and Common Fare 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 ADCRR and cannot be copied or distributed outside ADCRR.



Assistant Director for Prison Operations

12-7-2021

Date



Medical Services Contract Monitoring Bureau

12/21/2021

Date



ADCRR Director of Chaplain Services

Date

## INDEX OF RESTRICTED DIETS

<b>Medical Diets</b>	
<b>Diet:</b>	<b>Diet Description:</b>
<b>Reduced Carbohydrate Diet</b>	<p>The Reduced Carbohydrate Diet was created for those individuals requiring lower carbohydrates and calories than the Tier-1 Self-management diet to manage conditions short term.</p> <p>This diet can only be written for 90-days and must be monitored for compliance. Calories are approximately 2000 per day and 200 gm of Carbohydrates per day. In addition, this is a low salt diet, with less than 2 grams of sodium per day</p>
<b>Renal Dialysis Diet</b> Strict Restrictions on Sodium/Potassium High protein (average 90 grams high biological value protein) Limited processed meats are served.	<p><b>To be assigned to those inmates undergoing or preparing to undergo renal dialysis.</b> 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>
<b>Controlled (Low) Protein Diet</b>	<p>The Controlled Protein diet is for patients with impaired kidney function (i.e., a glomerular filtration rate less than 60ml/min) who are not on dialysis. This protein restriction may slow the progression of chronic kidney disease.</p>
<b>Low Residue Diet</b>	<p>A diet lower in fiber and digestive residue was created to reduce digestion burden. It can be prescribed for inflammatory bowel diseases, diverticulitis, diarrhea-predominant irritable bowel syndrome, history of bowel surgery, cancer of the bowel, or treatment that damaged or irritated the digestive tract such as radiation.</p>
<b>Wasting Syndrome Diet</b>	<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 <b>medically</b> necessary. <b>Not</b> to be prescribed indefinitely. Medical staff monitors inmate throughout the duration of the diet for improvement in condition.</p>
<b>Pregnancy Diet</b>	<p>General population menu is enhanced by 300 calories. To be prescribed for the duration of the pregnancy and 6 weeks postpartum only.</p>
<b>Allergy Diet</b>  This diet addresses the following food items: <b>wheat, corn, milk, eggs, peanuts, tree nuts, fish, shellfish, soy, tomato, onions, and peppers</b>	<p>The Allergy Diet eliminates the top 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 or confirmation from an outside provider or medical history to be approved.</p>

<p><b>Gluten Intolerance Diet/Gluten Restricted</b></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><b>Clear Liquid Limit 3 days</b></p> <p><b>Full Liquid: Limit 5 days</b></p> <p><b>Long Term Full Liquid</b></p> <p><b>Pureed Diet</b></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>Pureed Diet is for inmates with swallowing and/or aspiration issues caused by medical conditions such as stroke, head trauma, etc. Diet is intended for inmates confined to SNUs or Housing Units with nursing supervision to ensure patient does not choke and can receive assistance with feeding as needed.</p>
<p><b>Liquid Supplements</b></p> <p>Nutritional Supplement contains 290 calories serving when mixed with 2% Milk.</p>	<p>Liquid supplements can be prescribed by the Attending HCP for medical conditions causing weight loss or wasting syndrome for up to two servings per day. Nutritional Supplements are not to be prescribed indefinitely. Weight status of inmate should be monitored for progress. Servings above two units per day must be approved by the . Site medical director or vendor medical director</p>
<p><u>Prescribed Snack</u></p> <p>The prescribed snack will consist of: 3 Graham Crackers OR 6 Saltine Crackers</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"> <li>1) AM snack (at breakfast)</li> <li>2) Mid-day snack (at lunch)</li> <li>3) Bedtime (HS) snack (at dinner)</li> </ol> <p>The snacks will be provided under the following conditions:</p> <ul style="list-style-type: none"> <li>o When medically necessary to prevent hypoglycemia or sustain normal blood sugar levels</li> <li>* For Insulin Dependent Diabetics requiring a bedtime snack for insulin dosing</li> <li>o When an inmate has "keep on person" medication that is prescribed to take with food at bedtime.</li> </ul>
<p>Post Chemotherapy Diet</p> <p>This diet has been eliminated as an ADCRR Standard Diet prescription.</p>	<p>Please prescribe the Wasting Syndrome diet for weight loss or one of the Liquid Diets for nausea or vomiting issues</p>

## **Common Fare-Vegan (CF-V) and Common Fare-Kosher Meat (CF-KM)**

Both CF-V and CF-KM meet all religious diet requirements or those choosing to consume meat and milk as part of their religious requirements. The diet cycle will be on a two week rotation.

The CF-V diet is a plant based diet. The CF-KM provides kosher meat or fish items once per day and milk once per day.

Medical Diets take precedence over the Common Fare-V and Common Fare-KM diets when it is deemed to be contraindicated by medical staff.

An inmate may sign the medical refusal form for his/her medical diet and renew the either Common Fare-V and Common Fare-KM but must do so in writing.

## OUTLINE OF RESTRICTED MEDICAL DIETS

### MEDICAL RESTRICTED DIETS:

This manual follows the guidelines developed by the Arizona Department of Corrections, Rehabilitation and Reentry. In order to meet the dietary needs of ADCRR inmates, a three tiered approach is used, as follows:

**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. This diet meets the "low fat" criteria set forth by the "Dietary Guidelines for Americans, 2020-2025", which states that the intake of saturated fat should be limited to less than 10 percent of calories per day. Self-management of conditions such as high blood pressure and diabetes will be encouraged with dietary education and shall be provided by the Contract Healthcare Provider (CHP). Emphasis will be placed on educating the inmate about appropriate commissary purchases.

**Tier Two: Formulary Prescribed Medical Diets:** When the general population menu is deemed inappropriate by the medical provider, 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 by the CHP upon request, or as ordered by the medical 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 medical provider with the approval of the contracted Correctional Healthcare Provider Regional Medical Director (or designee). Consultation with ADCRR contracted Registered Dietitian may be necessary to coordinate menu and diet options. All non-formulary diets must be reviewed and approved for final approval by the ADCRR Medical Services Contract Monitoring Bureau (MSCMB) Medical Director (or designee). Prior to approval by the MSCMB Medical Director (or designee), the ADCRR 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 by the CHP upon request, or as ordered by the medical provider .

**Medical Diets take precedence over Common Fare-V and Common Fare-KM Diets. If the Common Fare-V or Common Fare-KM diet contains items that are contraindicated for a patient based upon a diagnosed medical condition, the Medical Diet will supersede the Common Fare request**

## 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, Rehabilitation and Reentry (ADCRR).
  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, in order to correctly distribute the prescribed diet or snack.
  5. The CFSS will document the delivery of restricted diets to 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 and observe 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 ADCRR 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 medical provider.

## **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 and the Reduced Carbohydrate Diet (refer to the 'Index of Restricted Diets' at the beginning of this manual for time parameters).

### **Procedures:**

1. Only medically indicated restricted diets as identified in the ADCRR Diet Reference Manual may be ordered by a medical or dental provider.  
Common Fare Diet request may be made by the inmate, in writing, through the COIII for Non-Religious requests, or the Chaplain for religious requests.  
  
Common Fare Vegan (CF-V) meals shall be ordered by a Senior Chaplain or CO III and Common Fare Kosher Meat (CF-KM) meals shall be ordered by the Senior Chaplain.
2. Non- formulary diets not in the Diet Reference Manual that are medically indicated can only be ordered with final approval of the ADCRR MSCMB Medical Director (or designee).
3. Medical Providers, COIIIs or the Senior Chaplain requesting restricted diets will complete, sign and date the Restricted Diet Order Form. The completed order form will be forwarded to the ADCRR 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 medical provider by the ADCRR 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 ADCRR Food Service Liaison within one working day of the initial order.
6. Restricted Diets (Medical or CFM) may be cancelled at any time by the Medical Provider, COIII, or Senior Chaplain by notification to the ADCRR Food Service Liaison
7. The ADCRR 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 with 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 ADCRR 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 ADCRR approved General Population Menus

#### **NOTE:**

-->**Urgent** diets may be phoned directly into the ADCRR Food Service Liaison who will direct food service staff to prepare the required meal. Diets are considered urgent if the inmate must receive the diet at the next feeding due to a life threatening medical condition, such as a severe allergy, or if inmate requires a diet meal for a medical procedure, such as clear liquid diet.

=>If the ADCRR 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 Medical Provider, and the CFM will be ordered by a COIII or Senior Chaplain. It will be the Medical Provider's responsibility to revise, re-order or cancel medical diets. A COIII or Senior Chaplain will be responsible for re-ordering or cancelling a CFM.
3. Dietary education to inmates prescribed restricted medical diets will be provided by the CHP.
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 protocols.
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 signature.

6. Upon review of the Evaluation of Inmate Medical/CFM (Non-Compliance) form by the ADCRR Food Service Liaison, documentation of non-compliance will be forwarded to the FHA (medical diets) and approving unit COIII or Senior Chaplain for CFM. An inmate may only be removed for non-compliance by the Medical Provider, Food Service Liaison (FSL) or Senior Chaplain. Non-compliance is defined as five (5) meals missed in seven (7) calendar days, or when the inmate requests removal in writing. The Medical Provider or Senior Chaplain shall notify the ADCRR FSL within 48 hours of canceling an inmate's diet. Upon notification from the Medical Provider or Senior Chaplain, the ADCRR FSL shall ensure that the inmate is immediately removed from the diet roster and the inmate's 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:

ADCRR will provide dietary consultations for inmates with specific medical diagnoses following established procedures.

Simple diet instruction and education can be provided by the CHP upon request, or as ordered by the Medical Provider. 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 more complex clinical issues, a consultation with the Contracted Registered Dietitian can be requested.

### Procedures:

- 1) Dietary consultations may be provided by the contract Registered Dietitian if ordered and approved by the Medical Provider for inmates with the following diagnoses :
  - A. Newly diagnosed renal disease requiring a restricted diet with questions or difficulties that cannot be addressed by the CHP.
  - B. Crohn's 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.
  
- 2) Dietary consultations shall be requested by contacting the contract dietitian directly by phone or email.
  
- 3) Restricted diets not included in the Diet Reference Manual, but recommended by the Dietary Consultant, may be ordered by the Medical Provider 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 nutritional requirements of the restricted diet.

## OUTLINE OF COMMON FARE VEGAN (CF-V) AND

### COMMON FARE-KOSHER MEAT (CF-KM)

#### Purpose:

To ensure that inmates may adhere to religious dietary requirements, the Common Fare Menus meet religious restrictions and are provided to meet nutritional adequacy.

#### Responsibility:

The Contracted Registered Dietitian will outline a nutritionally adequate menu for the Common Fare Meals which meets religious needs of the incarcerated based on specifications and directives provided by the Director of Chaplain Services (DOC). 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. The CF-V and CF-KM will be reviewed and approved by the DOC for religious adherence.
2. The contract Registered Dietitian will review CF-V and CF-KM menu to ensure nutritional adequacy. The contract Dietitian will include this as part of the annual review.
3. Religious fasts will be in accordance to the ADCRR Food Services Technical Manual.
4. The CF-V and CF-KM will be defined, ordered, discontinued, reinstated and reviewed according to the procedures of the CF guidelines in the Food Service Technical Manual 912.
5. Inmates on the CFMV and CF-KM Diets will be provided only their prescribed diet. Inmates will not be offered a General Population meal if they refuse their CF-V or CF-KM diet.
6. Medical diets take precedence over both CF-V and CF-KM diet.

### **Common Fare Meal Plans (CFM-V and CFM-KM)**

ADCRR has authorized 2 two-week menus that incorporates the principles of the kosher meal preparation as much as possible. The preparation and service are accomplished following procedures approved by a rabbi. The menus are certified for nutritional adequacy by the Contract Registered Dietitian. It is designed to ensure the cooking and serving utensils are reserved for kosher food preparation. Only food 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 Common Fare diets. When called for the service of pre-packaged foods, only prepackaged items bearing the appropriate kosher certification symbol are served. However, some prepackaged items (tea, coffee, salt, pepper, etc.) are served in pre-packaged packets without the kosher symbol because they are delivered from vendors in bulk packaging bearing an appropriate kosher certification.

Common Fare Meals are divided into two categories, Common Fare Meal (V) Vegan and Common Fare Meal (KM) Kosher Meat. Inmates shall request the Common Fare Meal (V) for religious reasons to the Chaplain and to the CO III for personal reasons. Inmates shall request the Common Fare Meal (KM) through the Chaplain only.

#### **PROCEDURES**

1. All CF-V and CF-KM food will be prepared in an approved Kosher location using approved Kosher tools.
2. To receive a CF diet, an inmate must request in writing thirty (30) days prior to receiving a CF diet. The inmate may request a CF-V from a COIII or a chaplain or the CF-KM from the chaplain.
3. The COIII or Chaplain will inform the inmate they are required to take the CF-V or CF-KM once approved and to not take a regular tray while authorized the CF diet. If an inmate misses five (5) meals CF diet in a seven (7) day period without prior justifiable reason, they will be removed from the CF diet.
4. An inmate must submit a request in writing thirty (30) days prior to cancelling either Common Fare Diet. This allows for food services to adjust for meal accommodations.
5. An inmate who violates the five (5) meals in seven (7) day period, takes a regular tray or fails to cancel Common Fare Diet appropriately will be suspended from receipt of either CF diet for six (6) months for the first violation. A second violation will result in a year's suspension from either CF diet. Subsequent violations will be evaluated for further suspension.

6. Religious Fasting – an inmate must request in writing and be medically approved to fast, at least 30 days prior to the beginning of the fast. Approved religious fasting does not suspend/cancel either Common Fare Diet.

## 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 controlled 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 intake
  2. Adequate fiber
  3. Moderate sodium
  4. Limit saturated fats to < 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 2700 (+/- 200) calories per day for men and 2200 (+/- 200) calories per day for women.

Minor populations (under age 18) will be served an enhanced calorie menu according to the Male and Female General Population Menus.

**MENTAL HEALTH WATCH MENU PROTOCOL**

**ALL PLASTIC WRAP MUST BE REMOVED FROM ALL FOOD PRIOR TO BEING GIVEN TO THE INMATE. (PLASTIC WRAP CAN BE USED AS A TOOL FOR SELF-HARM.)**

<b>Constant Watch Protocol</b>	<b>10 Min Watch Protocol</b>	<b>30 Min Watch Protocol</b>
<p>Inmate to be served regular menu or current diet order (medical or religious) on Soft Rubber (Watch) Trays with Soft Rubber Spork.</p> <p>Kosher Diet on Constant Watch: Kosher food must be served on Colored Soft Rubber Tray only with a paper spoon.</p> <p>All items are to be collected by Security Staff once the meal is complete.</p>	<p>Inmate to be served regular menu or current diet order (medical or religious) on Soft Rubber (Watch) Trays with Soft Rubber Spork.</p> <p>Kosher Diet on 10 Min Watch: food must be served on Soft Rubber tray only with a paper spoon.</p> <p>All items are to be collected by Security Staff once the meal is complete.</p>	<p>Inmate to be served regular menu or current diet order (medical or religious) on Soft Rubber (Watch) Trays with Soft rubber Spork.</p> <p>Kosher Diet on 30 Min Watch: food must be served on Soft Rubber Tray only with a paper spoon.</p> <p>All items are to be collected by Security Staff once the meal is complete.</p>
<p>If soft rubber trays are unavailable than the inmate must be served a sack meal. Finger Foods are to be placed in a brown paper sack with no plastic wrap and provided to inmate.</p>	<p>If soft rubber tray is unavailable, food can be placed on a Styrofoam tray. All plastic wrap must be removed prior to giving tray to inmate. Styrofoam must be removed by security once meal is completed.</p>	<p>If soft rubber tray is unavailable, food can be placed on a Styrofoam tray. All plastic wrap must be removed prior to giving tray to inmate. Styrofoam must be removed by security once meal is completed.</p>

## **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. 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. 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.

## **Reduced Carbohydrate Diet**

This diet was created for patients who are experiencing challenges in managing their medical conditions with Tier 1: Self-Management diets. The Controlled Carbohydrate Diet is designed for patients with conditions that may benefit from a lower carbohydrate, lower sodium, and /or lower calorie diet option. Examples of these conditions include patients with uncontrolled diabetes or morbid obesity (body mass index of 40 or higher). The Controlled Carbohydrate Diet may be ordered for 90 days at a time. Clinical monitoring by a provider should include assessments of objective parameters, including vital signs, weight, and hemoglobin A1C.

The Reduced Carbohydrate Diet averages 2000 calories per day and 65-80 grams of carbohydrate per meal M-F and 75-100 on enhanced weekend meals. In addition, this is a low salt diet, with less than 2 grams of sodium per day

If a patient is not showing improvement based on objective measures, then the medical provider should consider noncompliance with the diet as a potential cause. The medical provider may reach out to the food services liaison for a list of commissary items that the patient has ordered.

## **Hypertension Protocol**

The dietary approach for hypertensive inmates is based on the General Population Menu, which incorporates the nutritional principles of 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 inmates with cardiovascular disease is based on the General Population Menu, which incorporates the nutritional principles of 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

## DENTAL/MECHANICAL SOFT DIET

### Indication:

A mechanical/dental soft diet is suitable for inmates who have difficulty chewing due to illness, injury, recent dental procedure, or missing teeth.

### 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 shall be well cooked and fruits peeled; 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 shall 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 Protein Diet

### Indication:

The Controlled Protein diet is for patients with impaired kidney function (i.e., a glomerular filtration rate less than 60ml/min) who are not on dialysis. The diet helps prevent the build-up of urea and other nitrogenous waste, creatinine, electrolytes, and uric acid that are normally processed and excreted by the kidney and liver. It provides high biological value protein in amounts appropriate to maintain lean body mass and immune system function without further burden kidneys.

### Principles:

The controlled protein diet emphasizes controlled intake of protein and sodium. 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 not on dialysis.

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 weight loss. The goal is to prevent tissue wasting, weight loss and allow for adequate nutrition to help fight secondary infections.

### **Principles:**

The nutrient requirements of individuals diagnosed with a disease causing wasting syndrome has not been established. Medical treatments for some disease states 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 ensure adequate nutrition during pregnancy, and 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 caloric 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. 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 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:**

Individual intolerances may require the exclusion of certain food items. These intolerances must be acknowledged by the physician Medical Provider in the patient's medical record. Food substitutions or menu exchanges will be made by the contracted food service Registered Dietitian only when the exclusion or avoidance of the offending food would jeopardize the nutritional status of the inmate. Non-life threatening food intolerances will be treated as a self-managed avoidance diet whenever 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 inmates to avoid foods that are not tolerated.

The General Population Menu does not contain pork, fish or shellfish and can be served to inmates with allergies to those specific foods.

### **Tier-Three Non Formulary Medical Diet request for allergy diet:**

In the event of a possible food allergy, when a Medical Provider considers a non-formulary allergy diet confirmation of the patient's clinical manifestations of the food allergy must be included in the electronic medical record. Laboratory testing may be included as part of the evaluation of food allergy but should only be done when it is clinically indicated, based on the clinical judgment of the Medical Provider. A positive lab/RAST test for a food allergy, especially when it is a low-level positive result, does not necessarily indicate that a patient has an allergy to the food tested. Documentation of objective clinical signs and symptoms, as well as any prior records from a primary care clinician and/or allergist, will facilitate decision making pertaining to medically necessary diet modifications.

## **GLUTEN INTOLERANCE DIET/GLUTEN FREE**

### **Indication:**

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

### **Principles:**

- A. Eliminate foods that contain gluten, including:
  - 1. Wheat, rye, barley-containing baked goods, cereal, coatings or pasta
  - 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 certain illnesses, especially those with elevated temperatures, in acute inflammatory conditions of the gastrointestinal tract, for pre-operative or post-operative states, or in conditions where it is necessary to minimize the amount of fecal material in the colon.

### Principles:

1. Maintain hydration by providing at least 70 ounces of fluid.
  
2. Provide adequate carbohydrates by providing approximately 60 grams of carbohydrates. This considered adequate to prevent hypoglycemia or the onset of ketosis.
  
3. Minimize digestive burden by providing 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 sub for level 5 menu)**

BREAKFA		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 Sub	2 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 during an acute infection or post-operatively . 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 18-50 or pregnant females. If long term (greater than 5 days) full liquid texture is required, the Medical Provider must prescribe a Long Term Full Liquid Diet.

### ONE DAY MEAL PATTERN (Omit sugar sub 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	1/2 Cup	Pudding, thin	1/2 Cup
Coffee	1 Cup	Low Fat Milk	2 Cup	Low Fat Milk	2 Cup
Sugar Sub	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 an 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**

## PUREED DIET

A pureed diet may be ordered when an inmate is having issues with swallowing or is aspirating regular food and liquids, normally due to conditions such as stroke, head and neck cancers, neurologic diseases, or other medical conditions that result in chewing and swallowing malfunction.

Pureed foods should be ready to swallow and do not require any chewing or added saliva. Puréed foods should be moist, cohesive (holds together), and spoon-thick. They should not be sticky, lumpy, dry or runny. Puréed foods should be uniform in appearance and color without chunks or pieces. The puree should spoon up like yogurt or pudding. If it drips or runs off the spoon, it may be too thin. If you can heap up the spoon, it may be too thick.

The contracted registered dietitian has created a 7-day menu rotation. Below is a one-day sample for the pureed menu, which may vary depending on security level of inmate.

The kitchen must have a plastic blender available to puree foods.

### One Day Meal Sample

BREAKFAST		LUNCH		DINNER	
Applesauce*	1 Cup	Pureed Meat or Egg Salad	1 Cup	Pureed Hot Entrée	1 ½ cup
Hot Cereal	2 Cup	Pureed Potato/ Pasta Salad	1 Cup	Pureed Vegetable	1 Cup
Low Fat Milk	2 Cup	Applesauce	½ Cup	Pureed Cake	1 Slice
Liquid Supplement	1 ea	Pudding	½ Cup	Low Fat Milk	1 Cup
Coffee	1 Cup	Low Fat Milk	1 Cup	Liquid Supplement	1 ea
Sugar Sub	2 ea	Salt/Pepper PC	1 each	Salt/Pepper	1 each
Margarine	1 tbsp				

\*Level 5 Diets omit Applesauce and serve Pudding

## **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 Medical 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 ADCRR and must be approved by the MSCMB Medical Director (or designee).

Dental extractions are 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:**

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 for additional calories. 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) | <b>AM snack (at breakfast)</b>   | <b>Consisting of three (3) each graham crackers.</b> |
| 2) | <b>Mid-day snack (at lunch)</b>  | <b>Consisting of six (6) each saltine crackers.</b>  |
| 3) | <b>Bedtime snack (at dinner)</b> | <b>Consisting of three (3) each graham crackers.</b> |

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 require administration 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

# 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

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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	DAYS Full Liquid	DAY 6 Full Liquid	DAY 7 Full Liquid
B R E A K F A S T	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 V/ Cup  High Caloric Shake or Liquid Supplement 1 Cup	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  High Calorie Shake or Liquid Supplement 1 Cup	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  High Caloric Shake or Liquid Supplement 1 Cup	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  High Caloric Shake or Liquid Supplement 1 Cup	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  High Caloric Shake or Liquid Supplement 1 Cup	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  Mashed Potatoes (Thinned w/milk) 1 Cup Gravy 3 Oz  High Calorie Shake or Liquid Supplement 1 Cup	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  Mashed Potatoes (Thinned w/milk) 1 Cup Gravy 3 Oz  High Caloric Shake or Liquid Supplement 1 Cup
L U N C H	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  High Calorie Shake or Liquid Supplement 1 Cup	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  High Caloric Shake or Liquid Supplement 1 Cup	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  High Caloric Shake or Liquid Supplement 1 Cup	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  High Caloric Shake or Liquid Supplement 1 Cup	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  High Caloric Shake or Liquid Supplement 1 Cup	High Calorie Shake or Liquid Supplement 1 Cup	High Caloric Shake or Liquid Supplement 1 Cup
D I N N E R	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  High Calorie Shake or Liquid Supplement 1 Cup	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  High Caloric Shake or Liquid Supplement 1 Cup	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  High Caloric Shake or Liquid Supplement 1 Cup	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  High Caloric Shake or Liquid Supplement 1 Cup	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  High Caloric Shake or Liquid Supplement 1 Cup	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  High Caloric Shake or Liquid Supplement 1 Cup	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  High Caloric Shake or Liquid Supplement 1 Cup

Level 5 units substitute fruit with 1 cup cold cereal

