DIETITIAN'S CORNER

# *Diet Therapies, Rationales and Recognized Standards*

***By Barbara Wakeen, MA, RD, LD***

Typically, therapeutic diet orders reflect a medical diagnosis as the rationale for medical nutrition therapy. Sometimes a diet order is related to one's medications or physical being. This could involve snacks, finger foods, or use of disposable products. This is most often to protect both staff and inmates from potential communicable conditions or to protect inmates from themselves. For whatever reasons a therapeutic diet is ordered, the rationale should correspond to a medical need that is in compliance with a facility protocol and recognized standard.

Two diet-related topics discussed this quarter involving some of these rationales are the new Nutrition Guidelines from the Joslin Diabetes Center and diet therapy for Methicillin Resistant Staphylococcus Aureus (MRSA).

**Nutrition Guidelines from the Joslin Diabetes Center**

The Joslin Diabetes Center published new nutrition guidelines this year with slightly different recommendations than those most commonly used (approximately 50% carbohydrate, 20% protein and 30% fat). These guidelines recommend a lower percentage of carbohydrates (approximately 40 %) and allow for a higher fat percentage (30 - 35%). Joslin guidelines also focus on fiber, types of fat and protein as well as weight management and activity levels. Much of this is consistent with the latest dietary guidelines. These guidelines are specific to the Joslin Diabetes Center whose approach to diabetes management is to focus on an individual's needs, not one-size-fits-all. We all know how challenging it can be to individualize diets in our environment. For further information on these guidelines, see the Joslin website:

*https://diabetesmanagement.joslin.org/Guidelines/Nutrition_ClinGuide*

In researching this further, I learned that the Joslin Diabetes Center nutrition guidelines may not necessarily be consistent with all of those of the current American Diabetes Association (ADA) recommendations. The ADA recommendations are currently under review by an ADA appointed task force of experts who are reviewing evidence based literature to write and publish the nutrition recommendations. These recommendations should be available in spring 2006.

**MRSA and Diet**

A recent query of a 4000 calorie diet for MRSA has prompted further discussion as to protocols and dietary intervention. MRSA is a staph infection that is resistant to certain antibiotics, such as Methicillin, Penicillin, Ampicillin, and Amoxicillin. It is usually transmitted through direct physical contact with an infected person, but may be transmitted through contact with contaminated surfaces. MRSA is most commonly found in the health care environment, mainly hospitals; however, more recently it is appearing in the corrections setting. In other environments outside of the health care setting, sharing contaminated items or direct contact with an infected person can also spread the infection.

Research, common practice amongst (some of) our members' facilities and review of medical nutrition therapy for this illness, shows there is no direct relationship between diet and this infection unless the infected person has a nutrition related deficiency independent of the MRSA. The rationale for the 4000 calorie diet was to act as a gastric buffer for the intense 10-day antibiotic therapy prescribed. This practice was precipitated from an article in *American Jails,* July/August 2005, entitled Methicillin Resistant Staphylococcus Aureus. In researching this further, I learned that within the agency referenced, the diet protocol was per the past medical director and upon his departure, this diet protocol was discontinued.

Further information on MRSA in the corrections environment was addressed in *Corrections Forum,* September/October 2005, Volume 14, Number 5, *Guidelines for the Management of MRSA Infections.* This article summarized the FBOP Clinical Practice Guidelines for MRSA. The guidelines can be accessed in their entirety at http://www.bop.gov//news/PDFs/mrsa.pdf - Aug 5, 2005.

Referencing both articles and some member input, infection control procedures both in and out of the kitchen emphasize hand washing, use of gloves and proper sanitation as part of the protocol.

- Within the food service department, an inmate worker diagnosed with MRSA should discontinue working in the kitchen until he or she is no longer infectious.

• Regarding trays and eating utensils, according to the BOP guidelines, (page 25) there are no special requirements for eating utensils. Disposables or reusable utensils may be used provided adequate ware washing chemicals and procedures are in place. (It was noted in the *American Jails* article that disposables were used to reduce potential spreading of the infection.)

**Other Queries This Quarter**

• Minimum qualifications required for a position of Adult Corrections Cook

• Formula corrections dietitians use for calculating the needs of an individual offender

• Jail standards for menu planning

For discussion on any of these topics, please email me directly at *bwakeen@neo.rr.com.*

To some these are new topics, and to many these are part of our daily operations. This indicates newcomers to 'the corrections world' and a wealth of expertise to share. Many thanks to all who have contributed to these discussions!

**MEETINGS & ANNOUNCEMENTS**

**NCCHC Spring Conference**
Updates in Correctional Health Care
April 8-11, 2006 • Las Vegas, Nevada
*www.ncchc.org*

**NOTABLE NEWS**

Joanne Zaccharias was elected to the CD-HCF Board as Area Coordinator. This is a big advancement for Corrections Dietitians within CD-HCF - Joanne is the first Corrections RD to be elected to the board outside of the Corrections Sub-Unit (which is an appointed position). *Congratulations Joanne!*

***Past Dietitians Corner articles may be viewed on the ACFSA web site - www.acfsa.org.***

**MEMBERSHIP INFORMATION**

If you would like to be added to the Dietitians in Corrections networking EML, please email me directly at *bwakeen@neo.rr.com.* This is an informal discussion group and your name/email address will be listed in each email sent to the group.

If you are interested in joining the CD-HCF Corrections Sub-unit, contact me directly at *bwakeen@neo.rr.com.* ADA membership and CD-HCF membership are required to participate. If you are already a member and want to subscribe the Corrections Sub-unit EML or be listed in the directory, visit the CD-HCF web site at *www.cdhcf.org/subunits.*

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