

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Care and Treatment of Patient –  
Restrictive Procedures

POLICY # TX III-6

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SUBJECT: Assessment & Care for Patient on Finger Food Diet

EFFECTIVE DATE: October 2008

SUPERCEDES DATE: September 2007

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**Reference: ACA Standard 4<sup>th</sup> Edition 4-4320**

## PURPOSE

To provide guidelines to insure proper assessment and care of patient on special finger food diets.

## POLICY

Inmates will be appropriately assessed by facility's health authority/ designee (in consultation with unit provider if needed) prior to initiation and during implementation of special finger food diet used to prevent inmate from self injurious behavior that includes ingesting foreign objects, including dinnerware either metal or plastic.

## PROCEDURE

### **I. Notification of Medical Staff**

Inmates that ingest foreign objects especially dinnerware, will be placed on special finger food diet as noted in diet manual policy 310.12. No eating utensils whether metal or plastic will be furnished to the inmate on this diet. The diet will be served in a paper bag.

### **II. Medical Staff involvement**

- a. Medical staff will provide a thorough chart review to determine if inmate has any special medical reason prohibiting safe use of special finger food diet up to one month (30 days). Medical staff making medical determination will also review the inmate Mental Health grade and if listed as 3 or greater, must notify the facility's psychological staff that the inmate is subject to being placed on the finger food diet. After the thirty (30) day period the inmate is to receive at least one day of regular meals.
- b. If the inmate is on a special therapeutic diet, the responsible Unit Provider **must** determine whether or not the finger food diet is appropriate. Documentation of reasons for appropriateness or inappropriateness will be made in inmate's health record. Upon request the Regional/Facility Dietician will make necessary modifications to the finger food diet.
- c. If the inmate is not on a therapeutic diet, then a medical provider/nurse may be the approving medical authority.
- d. Psychological staff will make a clinical determination on individual inmate's case as to how frequently psychological follow-up will occur during finger food diet.
- e. Baseline vital signs, including weight will be obtained prior to initiation of the finger food diet and will be documented in the Progress notes.
- f. If inmate is in segregation, segregation checks will occur according to Health Services Policy (A-5) at least 3 times per week by the registered nurse or medical provider. A patient may be removed from finger food diet for medical reasons at any time determined by facility's health authority (in

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consultation with unit provider if needed). Documentation of segregation checks and assessments will be placed in inmate's medical record.

- g.** A medical staff member will visit/assess patient to determine whether there is a medical reason not to place the inmate on finger food for an additional 30 day period prior to the beginning of the additional 30 day period. This visit/assessment will include, but is not limited to vital signs and weight. This assessment will be documented in patient's medical record.
- h.** If it is determined patient needs to be removed from finger food diet, for documented health reasons, the Dietician and Officer-In-Charge will be notified.
- i.** Medical staff will follow up with custody to insure patient has been removed from finger food diet.

### III. Hunger Strike on Finger Food Diet

If the patient continually refuses the finger food diet, monitor according to Health Services Policy (TX VI-3), Care of the Patient Refusing to Eat.

### IV. Patient Transfer

If the patient is transferred to another facility during this time of finger food diet, the diet will be documented on the Transfer Form DC387-A.



10/6/08

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Paula Y. Smith, MD, Director of Health Services

Date

SOR: Standards Director