

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.86</u>
SUBJECT: <b>DETOXIFICATION</b>  PROPONENT: <u>Helen Hanks, Administrative Dir.</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>07/01/13</u> REVIEW DATE <u>07/01/14</u> SUPERSEDES PPD# <u>New</u> DATED <u>N/A</u>
ISSUING OFFICER:  <hr/> <i>William Wrenn, Commissioner</i>	DIRECTOR'S INITIALS: _____ DATE: _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

### I. Purpose

To provide guidelines for identification, monitoring and treatment of residents/patients under the influence of alcohol or other drugs or at risk of withdrawal from alcohol or other drugs.

### II. APPLICABILITY

To all healthcare staff involved in the triage of residents for risk of withdrawal from alcohol or other drugs

### III. Policy

Residents are screened for abuse or dependency on alcohol and other drugs (“AOD”) during the intake screening, health assessment and during other health encounters. Residents receive care for acute intoxication or withdrawal from alcohol or other drugs that is consistent with accepted guidelines. The treatment and observation is provided in a setting appropriate for the severity of symptoms and under the supervision of a physician or advanced practice registered nurse (APRN). Healthcare staff and correctional officers with direct resident care responsibilities receive training at a level appropriate for these duties. Referrals will be made to the appropriate provider for those residents/patients who have a medical condition that would be significantly impacted by alcohol and/or drug use.

### IV. Procedure

- A. Newly incarcerated individuals are screened for alcohol and drug use history at intake booking. Officers will contact the nurse at HSC if there are any positive answers to the screening questions to receive guidance.

- B. Newly incarcerated residents will be assessed by a nurse within 24 hours of admission to the facility for medication reconciliation and withdrawal symptom screening. Any resident suspected of substance dependency will be triaged by healthcare personnel and the health provider will make referrals as clinically indicated utilizing provider support and on-call medical providers as necessary to support care plan development.
- C. Correctional officers who observe any individuals under our care and custody who demonstrate signs or symptoms of intoxication or withdrawal from alcohol or drugs (AOD) will call the health services center and inform the nursing staff of the patient's name, observed symptoms, and any known access to AOD for assessment.
- D. At the time of the nursing assessment, these questions will be asked:
  - 1. Any alcohol or drug use in the past week?
    - a. If yes: When was last use?
    - b. What was the amount?
    - c. Any history of complicated withdrawal?
    - d. Any current symptoms of withdrawal?
  - 2. The nurse will also ask about prescribed medications which may cause withdrawal symptoms if not received in a timely fashion.
  - 3. A Withdrawal Assessment Scoring Guideline (CIWA) or Clinical Opiate Withdrawal Scale (COWS) will be performed (Attachments A and B)
- E. The nurse will then confer with a provider to determine appropriate orders and disposition. Options for disposition will include:
  - 1. Acute: Transfer to emergency room for immediate evaluation. Appropriate patients include those who have:
    - a. Unstable vital signs;
    - b. Fluctuating consciousness or delirium;
    - c. CIWA >16;
    - d. Inability to take food or fluid by mouth (PO) for more than 12 hours; and/or
    - e. Provider determination that infirmary level of care is not adequate.
  - 2. Outpatient: Detoxification in Reception and Diagnostics or the patient's housing unit, with twice daily nursing appointments. Appropriate patients include those who have:
    - a. No history of complicated withdrawal;
    - b. CIWA less than 10, if alcohol is the drug of choice; AND
    - c. Are able to take oral food and fluid.
  - 3. Infirmary: Admission to HSC
    - a. All others.
- F. Qualified members of the healthcare staff shall assess residents at risk for progression to a more serious level of withdrawal. The resident shall be regularly assessed based on the providers order and a physician or nurse practitioner will be notified immediately if symptom severity increases. The following conditions may indicate such progression:
  - 1. Vital sign changes (elevated blood pressure, temperature, respirations or pulse);
  - 2. Nausea and/or vomiting and/or diarrhea;
  - 3. Tremors, tremulousness or agitation;
  - 4. Auditory and/or visual hallucinations;
  - 5. Sweating;
  - 6. Seizures;
  - 7. Confusion;
  - 8. Past history of seizure and drug abuse; or
  - 9. Specific signs and symptoms addressed in specific types of withdrawal syndromes.

- G. The Chief Medical Officer is authorized to approve withdrawal treatment guidelines and clinical-order sets to address the monitoring, care and treatment for withdrawal from AOD. The withdrawal and treatment guidelines are consistent with nationally accepted guidelines.
- H. Special care for the opiate dependent pregnant female is specifically addressed in the opiate guideline. A pregnant resident with a history of opiate use requires special attention. History and presenting condition is reviewed by a physician, nurse practitioner, or physician assistant to determine the extent of dependency and to order appropriate treatment. Appropriate treatment may include immediate transportation to an emergency department and consultation with an obstetrician.
- I. Discontinuation of infirmary observation for withdrawal requires a medical order from a physician or nurse practitioner
- J. Discontinuation of outpatient monitoring may be accomplished by medical order or by meeting the parameters of the standing orders.
- K. Residents not experiencing intoxication or withdrawal but with alcohol and other drug problems are screened and referred for services by behavioral health services.
- L. Assessments, treatment, and referrals will be documented in the health record.

REFERENCES:

Standards for the Administration of Correctional Agencies  
Second Edition Standards

Standards for Adult Correctional Institutions  
Fourth Edition Standards  
4-4376

Standards for Adult Community Residential Services  
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services  
Third Edition Standards  
Standards for Health Services in Prisons  
National Commission on Correctional Health Care 2003  
P-G-06; P-G-07

Other

HANKS/clr

Attachments