Detoxification

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Detoxification	**ACA Standards: 5-ACI-6A-28M, 5-ACI-6A-31M, 5-ACI-6A-33, 5-ACI-6A-41, 5-ACI-6A-42M**		
Ross Fisher, MD, Chief Medical Officer Oklahoma Department of Corrections	**Signature on file**		

Detoxification

I. Purpose.

The purpose of detoxification is to provide a safe withdrawal from the drug(s) of dependence and enable the individual to become drug free. Detoxification services are designed to administer to:

- The severity of the inmate's – level of physical dependence.
- Achieve a safe and supportive withdrawal from alcohol and/or other drugs.
- Effectively facilitate the inmate's transition into ongoing services, including referrals to mental health services.

Detoxification from alcohol, opiates, hypnotics, benzodiazepines, other stimulants, and sedative hypnotic drugs may be conducted in a variety of inmate housing settings, and may include an infirmary setting in a DOC facility or a hospital, as ordered by the attending psychiatrist/health care provider.

All chemical dependencies require monitoring and treatment. Alcohol, Benzodiazepines, and Barbiturates are associated with the highest risks for severe withdrawal symptoms.

II. Signs and Symptoms of Conditions Requiring Immediate Medical Attention

• Deteriorating Mental Status	• Excess Somnolence
• HR < 40 or > 150, BP < 80/0 or > 240/130, T> 104, RR< 8 or > 28, RA O2 sats < 86%	• No sleep > 72 hours • Uncontrolled Vomiting
• Severe persistent chest pain/Abdominal pain	• Hallucinations
• Changes in responsiveness of pupils	• Delirium
• Uncontrolled severe anxiety	• Active seizures
• Self-harm behavior	• Suicidal Ideation

III. Intake/Assessment

A. During the initial health screening at an assessment and reception facility, per OP-140114, inmates are interviewed by nursing staff about drug and alcohol use and any prior history of substance abuse or treatment. Inmate's medications may be brought from home or county jail, and if so are reviewed and documented. A medication administration record (MAR) may be available from a county jail, and if so is reviewed and documented.

B. During the initial health screening, inmates are also observed by nursing staff for any physical signs and symptoms of alcohol or drug withdrawal. Inmates with a history or physical exam which suggests the risk for substance withdrawal will have an Alert placed in their electronic health record (EHR), and substance abuse will be placed in the problem list.

C. The staff psychiatric provider and the health care provider on call will be notified immediately of any inmate who is identified as being at risk for substance withdrawal. Additionally, a note will be documented in the EHR and assigned to the psychiatric provider and health care provider for co-signatures. The inmate will be referred to and seen by the psychiatric provider by the next working day.

VI. Withdrawal Management

A. Initial Evaluation

Every effort will be made to ease the discomfort of detoxification for each inmate. Inmates will be assessed face-to-face by the staff psychiatric and/or health care provider and if treatment for substance dependence is indicated, the psychiatric or health care provider will write orders regarding treatment. Assessment and subsequent orders will reflect the level of concern for the individual inmate and the anticipated severity of substance withdrawal symptoms.

B. Low Risk/Asymptomatic Inmates

Inmates who are considered low risk (due to clinical history of low dose and/or short duration) and who exhibit no symptoms of withdrawal may be placed on the housing unit. The inmate will receive daily visits as determined by the health care provider and/or psychiatrist from a QHCP. The QHCP visit will include but not limited to:

1. Vital Signs
2. Abnormal Vital Signs will require notification of a health care provider, as defined by these readings:
    a. Systolic Blood Pressure greater than 200 or less than 80.
    b. Diastolic Blood Pressure greater than 110.
    c. Pulse greater than 140 or less than 40
    d. RA SAO2 less than 86%
    e. And PRN (as indicated) any major change in Vital Signs or inmate condition.
3. Completion of the "Detoxification" Nursing Protocol MSRM 140117.01.15.12.

C. Medium and High Risk/Symptomatic Inmates

Inmates who are considered medium risk for withdrawal symptoms and who have exhibited symptoms of withdrawal, as documented by a nurse or a health care provider assessment, will be admitted to the facility infirmary in accordance with OP-140119. Inmates who are considered high risk or who are experiencing severe symptoms may be admitted to a hospital for treatment in accordance with OP-140121.

When appropriate, inmates requiring hospitalization will be admitted to Lindsay Municipal Hospital. The psychiatric and/or health care provider will consult with the hospitalist in person or by telephone at the time of admission, and subsequently as clinically indicated.

For inmates admitted to the facility infirmary, Admission Orders for Treatment of the Actively Chemically Dependent Inmate will include routine Infirmary Admission Orders (per OP-140119) and the following:

1. Vital Signs (Blood Pressure, Pulse, SAO2) will be assessed and recorded every 4 hours times 24 hours, then every 8 hours.
2. Abnormal Vital Signs will require notification of a health care provider, as defined by these readings:
    a. Systolic Blood Pressure greater than 200 or less than 80.

b. Diastolic Blood Pressure greater than 110.

c. Pulse greater than 140 or less than 40

d. RA SAO2 less than 86%

e. And PRN (as indicated) any major change in Vital Signs or Patient condition.

3. Mental Status assessment every 8 hours, to include: Behavior, Cooperation, Orientation, Mood, Thought, and Memory.

4. Qualitative intake of food and fluids.

5. Infirmary and medication orders for the purpose of detoxification will be written by the medical or psychiatric provider, with mutual consultation.

6. QMHP - will see patient **weekly** and PRN as needed for significant change in patient's condition.

7. Psychiatrist- will see patient **weekly** during stay in the infirmary and PRN as needed for significant change in patient's condition.

8. Daily nurse assessment note utilizing the "Detoxification" (MSRM 140117.01.15.12).

9. Medical provider will enter a note on each working day.

10. QMHP and psychiatric provider will enter a note weekly.

VII. Discharge Criteria

Inmates will be discharged from the infirmary by the attending psychiatric or medical provider, or from the hospital by the hospitalist in consultation with the psychiatrist or health care provider, when clinically appropriate. Upon discharge, the following orders will be written:

a. No KOP medications for 4 weeks.

b. Staff psychologist to be notified of discharge from infirmary or hospital.

c. If substance abuse treatment is indicated, the QMHP will provide a brief memorandum to the inmate's case manager recommending the need for substance abuse treatment if that need has not already been assessed for the inmate.

d. Follow-up appointment with the health care provider and psychiatric provider the next working day following discharge.

e. A daily nursing assessment utilizing the "Detoxification", (MSRM 140117.01.15.12). The daily nursing assessment may be discontinued when the inmate's vital signs have stabilized for three (3) consecutive daily checks over a period of three (3) days.

f. Weekly assessment will be conducted by a QMHP for a total of 4 weeks.

VIII. **Methadone Treatment for the Pregnant Inmate**

The federal Narcotic Addict Treatment Act of 1974 restricts the use of methadone in the treatment of opiate dependence to facilities that are appropriately licensed as a Narcotic Treatment Program for maintenance or detoxification with methadone. Methadone can be provided without an institutional license for up to three days while arranging for an appropriate referral of the inmate to a licensed facility. This three-day allowance cannot be renewed or extended.

When a pregnant inmate is admitted on methadone or similar substance the inmate will be referred to a facility that is licensed as a Narcotic Treatment Program for maintenance or detoxification with methadone. The therapy will be continued until after delivery. After delivery, an appropriate schedule and medical support for withdrawal of the methadone or similar substance will be followed.

IX. References

OP-140119 entitled "Chronic, Convalescent, and Infirmary Care".

OP- 140121 entitled "Outside Providers for Health Care Management".

OP- 140201 entitled "Mental Health Services Duties and Responsibilities".

Federal Bureau of Prisons Clinical Practice Guideline, Detoxification of Chemically Dependent Inmates (August, 2009).

DSM IV Criteria for Substance Abuse, Dependence, Intoxication, and Withdrawal.

Darrel Schreiner, MD, ODOC lead psychiatrist (Personal Communication).

X. Action

The Chief Medical Officer and the Chief Mental Health Officer will be responsible for compliance with this procedure.

The chief medical officer will be responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the director.

This procedure will be effective as indicated.

Replaced: Medical Resource Manual 140123-01 entitled; “Detoxification” dated November 1, 2017.

Distribution: Medical Services Resource Manual

Reference Forms	Title	Location
MSRM 140117.01.15.12	“Detoxification”	MSRM 140117.01