

**NURSING PRACTICE PROTOCOL  
DETOXIFICATION**

(D 2/2023)

Facility: \_\_\_\_\_

Complaints:  None voiced  Yes If "Yes" state: \_\_\_\_\_

**Alcohol and Intoxicating Drug Use Assessment:**

Alcohol Use:  Yes  No Last use of alcohol: Date \_\_\_\_\_

Intoxicating Drugs Use:  Yes  No Last use of intoxicating drugs: Date: \_\_\_\_\_

**Drugs used:**

- Opioids (Oxycodone, Hydrocodone, Heroin, Fentanyl))
- Stimulants (Cocaine, Amphetamines)
- Drugs that contain THC (Marijuana or Hashish)
- Alcohol
- Benzodiazepines (Valium, Xanax, Halcion, Ativan)
- Synthetic Drugs (Spice, K2, Bath salts)
- Hallucinogens (PCP, Mushrooms, LSD, Ketamine)
- Xylazine (Tranq – horse tranquilizer)

**Current symptoms:**

- Seizures
- Confusion
- Sweats
- Hallucinations
- Tremors
- Nausea/Vomiting
- Insomnia
- Fever
- Delusions
- Anxiety
- Severe Pain
- Headache
- Other \_\_\_\_\_

**VS: (clinically indicated)**

BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Temp. \_\_\_\_\_ Wt. \_\_\_\_\_ O2 sats. \_\_\_\_\_ FSBS \_\_\_\_\_

Perspiration	Tremor	Anxiety	Hallucinations	Orientation
<input type="checkbox"/> No abnormal sweating <input type="checkbox"/> Moist skin <input type="checkbox"/> Localized beads of sweat <input type="checkbox"/> Whole body wet from sweat <input type="checkbox"/> Profuse maximum sweating	<input type="checkbox"/> No tremor <input type="checkbox"/> Slight tremor upper extremities <input type="checkbox"/> Constant light tremors <input type="checkbox"/> Constant marked tremors upper extremities <hr/> <b>Tactile Disturbances</b> <input type="checkbox"/> No tactile disturbances <input type="checkbox"/> very mild itching, pins and needles, burning or numbness <input type="checkbox"/> mild itching, pins and needles, burning or numbness <input type="checkbox"/> moderate itching, pins and needles, burning or numbness	<input type="checkbox"/> Rest normally. No signs of agitation <input type="checkbox"/> Slight restlessness, cannot sit or lie still, awake when others sleep <input type="checkbox"/> Moves constantly, looks tense, wants to get out of bed but obeys requests to stay into bed. <input type="checkbox"/> Constantly restless, gets out of bed for no obvious reason, returns to bed if taken. <input type="checkbox"/> Maximally restless, aggressive, ignores requests to stay in bed	<input type="checkbox"/> No evidence of hallucinations <input type="checkbox"/> Distortion of real objects, aware these are not real if this is pointed out <input type="checkbox"/> Appearance of totally new objects or perceptions, aware that these are not real if this is pointed out. <input type="checkbox"/> Believes hallucinations are real but still orientated in place and person. <input type="checkbox"/> Believes himself to be in a totally non-existent environment, preoccupied and cannot be diverted or reassured	<input type="checkbox"/> Fully orientated in time place and person <input type="checkbox"/> Orientated in person but not sure where he is or what time it is <input type="checkbox"/> Orientated in person but not time and place <input type="checkbox"/> Doubtful personal orientation disoriented in time and place; there may be short bursts of lucidity. <input type="checkbox"/> Disoriented in time, place and person, no meaningful contact can be obtained

Inmate taking meals: Served  eaten  not eaten If "Not eaten" state reason: \_\_\_\_\_

Inmate taking fluids:  Yes  No If "No" state reason: \_\_\_\_\_

**CONTACT HEALTH CARE PROVIDER IMMEDIATELY IF INMATE IS BEING SEEN FOR "DETOX" AND DISPLAYS ANY OF THE FOLLOW SIGNS AND SYMPTOMS:** Health care provider is to be called if not on site or it after clinic hours.

- Deteriorating Mental Status
- Uncontrolled Severe Anxiety
- Uncontrolled Vomiting
- Extreme Agitation
- Hallucinations
- Delirium
- Suicidal Ideation
- Self-harm Behavior
- Severe Abdominal Pain
- Severe Persistent Chest Pain
- No Sleep >72 hrs
- Poorly Arousable Somnolence

HR < 40 or > 150, BP < 80/0 or > 240/130, T> 104, RR< 8 or > 28, RA O2 sat < 86%

**Progress Note:** \_\_\_\_\_

**Disposition:** (Check all that apply)

- Transport to ER  Continue to monitor  Schedule for sick call visit  Refer to Qualified Mental Health Professional
- Sick Call next 24-36 hrs by QHCP  Infirmery Observation  Monitor in Medical
- Instructed inmate to notify medical for any concerns that warrant further evaluation. Inmate verbalizes understanding.

**Health Care Provider Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**RN/LPN Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Inmate Name:  
(Last, First)

DOC#: