

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
Hunger Strike

MSRM 140117.01.13.1
(R-4/19)

Subjective Data:

Allergies: _____

Chief complaint: _____

Onset: _____ Refusal of: Solid Food All Liquids Solid food while ingesting: milk juices water broth
 Other: _____

Current Problems: (list) _____

Baseline Evaluation:

Reason for the refusal: _____

When was the last time you ate? _____ What was the last food you ate? _____

How much fluid are you taking in? _____

When was the last time you had a bowel movement: _____

When was the last time you urinated: _____

Are you refusing any prescribed medications or other treatments? Yes No If so "Why" _____

Are you protesting something by not eating? Yes No If so, state? _____

Are you expecting permanent harm as a result of this hunger strike? Yes No If so, state? _____

Are you expecting to die as a result of this hunger strike? Yes No If not, how long do you intend to continue the hunger strike? _____

Current medications: _____

Objective Data:

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ O₂ sats. _____ FSBS: _____

Heart Rhythm	<input type="checkbox"/> Sinus Rhythm	<input type="checkbox"/> Tachycardia	<input type="checkbox"/> Bradycardia	<input type="checkbox"/> Arrhythmia
Respirations	<input type="checkbox"/> Even	<input type="checkbox"/> Uneven	<input type="checkbox"/> Labored	<input type="checkbox"/> Unlabored <input type="checkbox"/> Shallow <input type="checkbox"/> Deep
Lung Sounds	<input type="checkbox"/> Clear	<input type="checkbox"/> Rhonchi	<input type="checkbox"/> Wheezes	<input type="checkbox"/> Rales <input type="checkbox"/> Diminished
Abdomen	<input type="checkbox"/> Soft	<input type="checkbox"/> Firm	<input type="checkbox"/> Distended	<input type="checkbox"/> Tender to palpation
Bowel sounds	<input type="checkbox"/> Normal	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Hypoactive	<input type="checkbox"/> Absent
Mucus membrane	<input type="checkbox"/> Moist	<input type="checkbox"/> Dry	<input type="checkbox"/> Parched	
Skin	<input type="checkbox"/> Warm	<input type="checkbox"/> Cool	<input type="checkbox"/> Pale	<input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic
Skin color	<input type="checkbox"/> Pink	<input type="checkbox"/> Pale	<input type="checkbox"/> Flushed	<input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice
Turgor	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased		
LOC	<input type="checkbox"/> Awake	<input type="checkbox"/> Alert	<input type="checkbox"/> Oriented X	<input type="checkbox"/> Lethargic <input type="checkbox"/> Confused
Appearance:	<input type="checkbox"/> No distress	<input type="checkbox"/> Mild distress	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe distress

CONTACT HEALTH CARE PROVIDER/CHSA AND QMHP IMMEDIATELY ON ALL HUNGER STRIKES: *Health care provider/OMHP must be called if not on site or if after clinic hours.*

Emergency department notification time: _____ Transport time: _____

Health Care Provider Notified: Date: _____ Time: _____ Orders Received for Treatment: Yes No

CHSA: _____ Notified: Date: _____ Time: _____

QMHP: _____ Notified: Date: _____ Time: _____

Plan: Interventions: (check all that apply)

- Obtain UA dipstick
- Encourage inmate to drink fluids in order to maintain hydration.
- Schedule appointment with health care provider within 72 hours.
- Assign note to Health Care Provider, CHSA and Qualified Mental Health Professional for review.
- Instruct inmate on living will/advanced directives.
- Education/Intervention: Instructed inmate on adverse effects of dehydration, starvation, and risks for complications, potential for injury due to weakness, dizziness, and/or confusion, re-feeding syndrome. Inmate verbalizes understanding of instructions.

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN Signature/credentials: _____ **Date:** _____ **Time:** _____

Inmate Name
(Last, First)

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