

## Detoxification

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<b>Section-14 Office of Medical Services Resource Manual</b>	<b>MSRM 140123-01</b>	<b>Page: 1</b>	<b>Effective Date: October 3, 2012</b>
<b>Detoxification</b>	<b>ACA Standards: 4-4368M, 4-4370M, 4-4372, 4-4376M, 4-4377</b>		
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## Detoxification

For the purpose of this procedure, the term “offender” will apply to anyone under the authority, custody or care of a prison or a community-based facility operated by or contracted with the Oklahoma Department of Corrections (DOC).

### 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 offender patient's level of physical dependence.
- Achieve a safe and supportive withdrawal from alcohol and/or other drugs.
- Effectively facilitate the offender'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 offender housing settings, and may include an infirmary setting in a DOC facility or a hospital, as ordered by the attending psychiatrist/medical provider.. All chemical dependencies require monitoring and treatment. Alcohol, Benzodiazepines, and Barbiturates are associated with the highest risks for severe withdrawal symptoms.

### II. Intake/Assessment

- A. During the initial health screening at an assessment and reception facility, per OP-140114, offenders are interviewed by nursing staff about drug and alcohol use and any prior history of substance abuse or treatment. Offender'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, offenders are also observed by nursing staff for any physical signs and symptoms of alcohol or drug withdrawal. Patients 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 medical provider on call will be notified immediately of any patient 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 medical provider for co-signatures. The patient will be referred to be seen by the psychiatric provider by the next working day.

### **III. Withdrawal Management**

#### **A. Initial Evaluation**

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

#### **B. Low Risk/Asymptomatic Patients**

Patients who are considered low risk (due to clinical history of low dose and/or short duration of substance use) may be treated outside of an infirmary or hospital setting. Such patients will be assessed daily by nursing staff, for up to 4 weeks, completing a Mental Status Change nurse protocol (MSRM 140117-36). The nurse protocol will be co-signed to the treating psychiatric and medical providers. If there are concerns regarding increased symptoms or signs of withdrawal, the medical and/or psychiatric provider will be contacted immediately. Patients considered low risk for withdrawal will be assessed face-to-face by a psychiatric provider weekly for up to 4 weeks. The patient will be seen weekly by a Qualified Mental Health Provider (QMHP). Patients may additionally be seen as clinically indicated. The staff psychiatric or medical provider may discontinue daily nurse and weekly mental health evaluations when clinically appropriate.

#### **C. Medium and High Risk/Symptomatic Patients**

Patients who are considered medium risk for withdrawal symptoms and who have exhibited symptoms of withdrawal, as documented by a nurse or a clinician assessment, will be admitted to the facility infirmary in accordance with OP-140119. Patients 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, patients requiring hospitalization will be admitted to Lindsay Municipal Hospital. The psychiatric and/or medical provider will consult with the hospitalist in person or by telephone at the time of admission, and subsequently as clinically indicated.

For patients admitted to the facility infirmary, Admission Orders for Treatment of the Actively Chemically Dependent Offender 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 clinician, as defined by these readings:
  - a. Systolic Blood Pressure greater than 160 or less than 100.
  - b. Diastolic Blood Pressure greater than 110 or less than 60.
  - c. Pulse greater than 110 or less than 60
  - d. SAO2 less than 90
  - 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 notes will be cosigned in the electronic health record to the psychiatric and medical providers. Medical provider will enter a note on each working day. QMHP and psychiatric provider will enter a note weekly.

#### i. Discharge Criteria

Patients 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 medical provider, when clinically appropriate. Upon discharge, the following orders will be written:

1. No KOP medications for 4 weeks.
2. Staff psychologist to be notified of discharge from infirmary or hospital.
3. Follow up appointment with the medical provider or psychiatric provider the next working day following discharge. A daily nursing assessment will be completed by utilizing MSRM 140117.01.36, entitled

“Mental Status Change” for a total of four (4) weeks starting with the day of intake into DOC. The daily nursing assessment (MSRM 140117,01.36) when completed will be sent for co-signature to the staff medical and dental providers. A weekly assessment will be conducted by a Qualified Mental Health Professional (QMHP) for a total of 4 weeks since day of intake to DOC. Follow-up beyond 4 weeks will be as clinically indicated.

### **VIII. References**

OP-140119

OP-140121

OP-140201

MSRM-140117-36

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).

### **IX. 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 June 1, 2012.

Distribution: Medical Services Resource Manual