

OKLAHOMA DEPARTMENT OF CORRECTIONS  
NURSING PRACTICE PROTOCOLS  
**Hunger Strike**

MSRM 140117.01.68  
(D 12/15)

**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 \_\_\_\_\_

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

(Nursing Protocol must be signed by the Medical Provider if offender displays any of the below s/s or any additional treatment/ medication required)

**NOTIFY MEDICAL PROVIDER/CHSA AND QMHP IMMEDIATELY ON ALL HUNGER STRIKES:**

**Emergency department notification time:** \_\_\_\_\_ **Transport time:** \_\_\_\_\_

**Medical Provider Notified: Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Orders Received for Treatment:**  Yes  No

**CHSA Notified: Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**QMHP Notified: Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Assessment:**

- Nutrition less than body requirements related to refusal of food/fluid intake.
- Knowledge deficit on risks/complications of refusal of food/fluid intake.

**Plan: Nursing Intervention Routine:** (check all that apply)

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

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

**Medical Provider Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**QHCP Signature/credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Offender Name  
(Last, First)

DOC #