Policy and Procedure #4.309

Inmate Detoxification

Authority: Wyoming Statute(s): 25-1-104; 25-1-105 ACA Standard(s): 4-4363-1-R; 4-4376-R; NCCHC Standard(s): 1-ABC-4E-46 P-G-06	**Effective Date:** July 29, 2016 **Revision/Review History:** 07/15/15, 06/01/14, 06/15/13, 07/01/12, 08/01/10 **Summary of Revision/Review:** Updates existing policy pursuant to annual review.
Cross Reference of Policy:	**Supersedes Existing Policy :**
Approved: R.O. Lampert Robert O. Lampert, Director	7-25-16 Date

REFERENCE

1. **ATTACHMENTS – None Noted**

2. **OTHER – None Noted**

I. PURPOSE

A. Detoxification. The purpose of this policy and procedure is to establish uniform guidelines for the detoxification of inmates incarcerated in Wyoming Department of Corrections (WDOC) facilities.

II. POLICY

A. General Policy. It is the policy of the WDOC that detoxification of inmates from alcohol, opiates, hypnotics, other stimulants, and sedative hypnotic drugs is done only under medical supervision in accordance with local, state and federal laws, when performed at the facility or is conducted in a hospital or community detoxification center. Specific guidelines are followed for the treatment and observation of inmates manifesting mild or moderate symptoms of intoxication or withdrawal from alcohol and other drugs. (ACA 4-4376 Revised, 1-ABC-4E-46; NCCHC P-G-06).

III. DEFINITIONS

A. Alcohol Withdrawal Syndrome (AWS): The set of symptoms seen when an individual reduces or stops alcohol consumption after prolonged periods of excessive alcohol intake. Unlike most withdrawals from other drugs, alcohol withdrawal can be fatal. The withdrawal syndrome can include seizures and acute episodes of delirium.

B. Detoxification: The process by which an individual is gradually withdrawn from a drug by halting consumption or by the administration of decreasing doses of the drug on which the person is physiologically dependent, of one that is cross-tolerant to it, or of one that medical research has demonstrated to be effective.

IV. PROCEDURE

A. Assessment. Early identification and treatment of inmates with alcohol and drug abuse problems shall be achieved through a standardized assessment. This assessment shall be documented and include, at a minimum, the following (ACA 4-4363-1 Revised):

1. screening and sorting;

2. clinical assessment and reassessment;

3. medical assessment for appropriate drug and alcohol program assignment to the needs of the individual inmate; and

4. referral.

B. Alcohol Withdrawal

1. Each inmate shall be asked about his or her alcohol and drug use in the initial health screen conducted by health care staff or health-trained staff.

i. The amount, frequency, duration and last use will be determined.

ii. Inmates at risk for Alcohol Withdrawal Syndrome (AWS) will be asked to describe symptoms experienced with any previous withdrawals.

2. Inmates who report alcohol dependence or are identified as being at risk for AWS in the initial health screen will receive a more in-depth evaluation.

i. Health staff or health-trained staff may use a withdrawal assessment tool (*e.g.*, The Addiction Research Foundation Clinical Institute Withdrawal Assessment – Alcohol (CIWA-Ar)) for further evaluation.

ii. Based on the information gleaned from the withdrawal assessment tool, the inmate will be classified as being in mild, moderate or severe AWS.

3. If health care services determines that the inmate is experiencing AWS or is at risk for AWS and can be properly managed at the WDOC facility, the following steps should be taken:

i. Assessment by a registered or licensed practical nurse within twenty-four (24) hours of arrival at the facility.

ii. Consultation and/or examination by the on-site or on-call physician or mid-level provider which will:

a. determine if medication therapy will be needed; and

b. establish a treatment plan, which will establish specific criteria to be looked for during the increased inmate supervision.

iii. Supervision of the inmate will be increased per physician's orders or the nursing assessment protocols, with specified observations of the inmate's condition, which will be recorded on a regular basis.

iv. The nursing staff will contact the physician if inmate's symptoms are outside the established parameters of mild withdrawal.

a. Moderate to severe AWS symptoms include dilated pupils, involuntary movements, tremors, confusion, hallucinations, heart palpitations, high fever and/or convulsions.

4. Inmates experiencing severe, life threatening intoxication (overdose) or withdrawal are transferred, under appropriate security conditions to a licensed acute care facility.

5. In the event that an inmate does not present with a history or symptoms of potential withdrawal during the initial inmate health screen and begins to present with symptoms later on, the nurse may utilize the nursing assessment protocols for alcohol to determine if further evaluation is warranted.

C. Opiate Withdrawal

1. Inmates who report opiate dependence or are identified as being at risk for opiate withdrawal in the initial health screen will receive a more in-depth evaluation by health care services staff.

2. An evaluation tool and withdrawal scale for opiate withdrawal may be utilized to determine if further evaluation is needed.

3. In contrast with alcohol, inmates in opiate withdrawal maintain a normal mental status. Altered cognition should therefore alert the health care provider to evaluate for other causes of the inmate's condition.

4. Symptoms of severe opiate withdrawal such as persistent nausea, vomiting and/or diarrhea should be treated to avoid secondary complications such as dehydration.

5. Pregnant inmates admitted with a history of opiate, methadone, bupranouphine or similar drugs are reported to the physician expeditiously for proper treatment.

i. Generally, pregnant inmates will be continued on methadone maintenance.

6. Inmates experiencing severe, life threatening intoxication (overdose) or withdrawal are transferred, under appropriate security conditions to a licensed acute care facility.

D. Sedative Hypnotic Drug Withdrawal

1. Inmates who report sedative hypnotic (*e.g.*, benzodiazepine, xanax, klonopin, valium) dependence or are identified as being at risk for sedative hypnotic withdrawal in the initial health screen will receive a more in-depth evaluation by health care staff.

2. Early signs of withdrawal are similar to those of alcohol withdrawal.

3. Inmates exhibiting signs of Central Nervous System (CNS) stimulation and autonomic hyperactivity such as anxiety, excessive sweating, palpitations and tremors should be referred for appropriate medical interventions.

4. Inmates should be monitored for rapid or irregular heart rate, abnormally low blood pressure and elevated body temperature during withdrawal.

5. Inmates experiencing severe, life threatening intoxication (overdose) or withdrawal are transferred, under appropriate security conditions to a licensed acute care facility.

E. Stimulant Withdrawal

1. Cocaine abuse does not produce physical dependence. The dopamine depletion occurring from cessation of this drug can lead to symptoms of hunger, anxiety, paranoid behavior and depression.

i. Inmates experiencing depression due to withdrawal from cocaine should be referred to mental health for an evaluation.

2. Methamphetamines can cause a variety of cardiovascular problems including but not limited to rapid or irregular heartbeats, increased blood pressure, paranoia, confusion and insomnia.

i. Inmates complaining of, or exhibiting these symptoms should be referred to a physician for further evaluation.

3. Inmates experiencing severe, life threatening intoxication (overdose) or withdrawal are transferred, under appropriate security conditions to a licensed acute care facility.

V. TRAINING POINTS

A. When is an inmate initially asked about his or her alcohol and drug use?

B. What steps should be taken if health care services determines that an inmate is experiencing AWS or is at risk for AWS and the inmate can be properly managed at the WDOC facility?

C. TRUE OR FALSE: Inmates in opiate withdrawal maintain a normal mental status.

D. What are the symptoms of sedative hypnotic withdrawal that should be referred for appropriate medical interventions?