

MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS F-04.0	Subject: Medically Supervised Withdrawal and Treatment	
Reference: NCCHC Standard-P-F-04, 2018; Guidelines for Disease Management; Alcohol Detoxification and Opioid Detoxification guidelines, DOC 5.4.1.		Page 1 of 2 and no attachments
Effective Date: November 1, 2010		Revised: December 31, 2019
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief		
Signature / Title: /s/ Paul Rees M.D. /Medical Director		

I. Purpose

To identify inmates exhibiting signs and symptoms of acute withdrawal during the MDIU intake/receiving screening process and to detoxify identified inmates from the addictive substance under close supervision. This procedure also begins the process for identification of inmates that have alcohol or other drug addiction problems and that medical issues associated with these are addressed during the incarceration period.

II. DEFINITIONS

<u>Addictive Substance</u> – any drug or chemical taken regularly for mood altering purposes to which the person develops a physiological need.

<u>Adverse Affect</u> – a medical complication of a disease or medical procedure that may negatively affect the medical prognosis.

<u>Detoxification</u> – a process by which an individual is gradually withdrawn from a drug by the administration of decreasing doses of the drug on which the person is physiologically dependent on or one that is cross tolerant to it, or one that medical research has demonstrated to be effective. Detoxification will be completed only under provider supervision in accordance with local, state, and federal laws.

<u>Clinical Institute Withdrawal Assessment for Alcohol (CIWA)</u> - The Clinical Institute Withdrawal Assessment for Alcohol, commonly abbreviated as CIWA, is a 10-item scale used in the assessment and management of alcohol withdrawal.

<u>Medically Assisted Treatment (MAT)</u> - The use of medications in combination with counseling and behavioral therapies, which is effective in the **treatment** of opioid use disorders (OUD) and can help some people to sustain recovery.

III. PROCEDURES

A. General requirements

1. Upon admission, each inmate will be assessed for chemical dependence and health concerns relating to the withdrawal and detoxification process as part of the routine nursing intake assessment and mental health screening.

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- 2. Correctional officers will be trained as part of the NEO process in recognizing the signs and symptoms of intoxication and withdrawal. NEO training for all staff will also incorporate suicide prevention knowledge related to increased risk for potential suicide due to intoxication and withdrawal.
- 3. The applicable nursing protocol will be utilized by nursing staff when assessing inmates experiencing symptoms of alcohol and drug withdrawal and detoxification or for those actively under the influence of drugs or addictive medications.
- 4. The affected inmates will be:
 - a. Referred to a provider for specific treatment modalities.
 - b. Admitted as appropriate to the infirmary for observation and assessment throughout the withdrawal/detoxification period, per the provider's orders and under the provider supervision. If the provider feels the patient needs more intensive treatment for acute life-threatening symptoms than the infirmary services can provide, the inmate will be transferred to the nearest hospital for acute management of symptoms.
- 5. Inmates receiving Medically Assisted Treatment (MAT) or similar substances will be:
 - a. Referred to a Qualified Health Care Professional for specific treatment modalities.

b. Admitted as appropriate to the infirmary for observation and assessment per the provider's orders and under the provider's supervision.

c. Provided treatment for methadone withdrawal syndrome per current treatment standards and provider's and supervision. If the provider feels the patient needs more intensive treatment for acute life-threatening symptoms than the infirmary services can provide, the inmate will be transferred to the nearest hospital for acute management of symptoms.

- 6. Every inmate patient identified as experiencing withdrawal will be referred to:
 - a. Mental health staff based on the patient's status.
 - b. Chemical dependency treatment staff for substance abuse information and possible recommendation for chemical dependency programming.
 - c. Documentation of referrals and individual education will be added to the progress note in the patient's health care record or on the nurse protocol.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. ATTACHMENTS

intoxication and withdrawal protocol.docx