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TREATMENT PROTOCOL

DRUG/ALCOHOL WITHDRAWAL

1. Symptoms/Presentation:

- Withdrawal can be mild, moderate or severe and can last up to 2 weeks.
- Severe withdrawal can cause death.

2. Mild Withdrawal: Irritability, headache, sweating, nervousness, sleeplessness.

- Place inmate under observation.
- Take blood pressure, temperature, and pulse rate.
- Contact a nurse, pass on the information, and follow instructions.

3. Moderate Withdrawal: Hyperactivity, quivering sensation, moderate tremors, nausea, vomiting, mild diarrhea, tingling sensations.

- Place inmate under observation.
- Contact nurse or Medical Director for immediate evaluation.
- If inmate advances into severe withdrawal, contact EMS (9-1-1 Dispatch).

4. Severe Withdrawal: Disorientation, severe shakes, dry heaves, auditory and visual hallucinations, numbness, marked restlessness.

- Call 9-1-1 Dispatch for EMS.
- Have someone stay with inmate until EMS arrive.

5. Unstable Medical Condition: At any time an intoxicated (drug or alcohol) inmate presents with an Unstable Medical Condition, EMS should be called immediately. HTDs (Health Trained Deputy) may use discretion to call EMS immediately, or to have the inmate evaluated by a nurse prior to calling EMS. The intoxicated inmate should have their vital signs (heart rate, blood pressure and temperature) taken to determine their medical stability. Look for, document and pass on to a nurse any of the following examples of an “Unstable Medical Condition”:

- Confusion
- Hallucinations
- Seizure

- Persistent tachycardia. If heart rate is greater than 120 beats per minutes (BPN) call nurse.
- Persistent elevated blood pressure greater than 180/100
- Low blood pressure less than 90/50
- Repeated vomiting
- Fever – Temperature greater than 100.4 degrees
- Chest pain
- Severe headache
- Shortness of breath
- Agitated heart rate less than 120 BPM, but elevated. Continue observation, visual and verbally check with inmate. Vital signs should be taken every 15 minutes for one (1) to two (2) hours.

If symptoms change, decrease or increase checks as appropriate. If in doubt, notify a nurse or Medical Director.

6. Inmate in Transition: Pay close attention to the transition period between an inmate's agitated/intoxicated state and going to sleep, or what looks like the inmate going to sleep after being agitated. When it is safe to do so, check on the inmate:
 - Every five (5) minutes for 30 minutes, then
 - Every 15 minutes for an hour

Checks should include breathing, pulse, snoring and responsiveness. Document any observations for continuity of care.