



DETOXIFICATION

SIGNS AND SYMPTOMS



TREATMENT PROTOCOLS

Medical Department – County Jail

ALCOHOL DETOX

Please notify physician/provider before initiating protocol

Initiate Alcohol / Drug Withdrawal Flow Sheet Form. Complete CIWA form.

Alert officers of status, and have them report to medical any signs/symptoms of acute issues (seizures, vomiting, dehydration, etc.)

1. Librium 50mg po BID x 3 days then,
2. Librium 25mg po BID x 3 days then,
3. Librium 25mg po q HS x 3 days, then discontinue.
4. Thiamin 100mg po q AM x 10 days
5. MVI po q day x 14 days.

Clonidine 0.1mg po BID for BP > 140/90 for duration of detox.

Dilantin 300mg po q HS x 30 days

Re-evaluate need for antihypertensive or anticonvulsants at the end of the Detox period or within 48 hrs.

If patient is unable to take medications by mouth due to vomiting, provide electrolyte replacement and notify provider.

BENZODIAZEPINE – VALIUM – DALMANE – XANAX DETOX

Please notify physician/provider before initiating protocol

Initiate Alcohol / Drug Withdrawal Flow Sheet Form.

Alert officers of status, and have them report to medical any signs/symptoms of acute issues (seizures, vomiting, dehydration, etc.) Monitor intake and output, provide electrolyte replacement and contact physician/provider.

1. Librium 50mg po BID x 3 days then,
2. Librium 25mg po BID x 3 days then,
3. Librium 25mg po q HS x 3 days, then discontinue.
4. Thiamin 100mg po q AM x 10 days
5. MVI po q day x 14 days.

Provider's Initial/Date:



TREATMENT PROTOCOLS

Medical Department – County Jail

METHADONE/NARCOTIC DETOX

Please notify physician/provider prior to initiating protocol.

Initiate Alcohol / Drug Withdrawal Flow Sheet Form.

Alert officers of status, and have them report to medical any signs/symptoms of acute issues (seizures, vomiting, dehydration, etc.). If patient is unable to take medications PO due to vomiting, begin electrolyte replacement and notify provider for further instructions.

1. Vistaril 100mg PO BID x 4 days then,
2. Vistaril 75mg PO BID x 3 days then,
3. Vistaril 50mg PO BID x 3 days then,
4. Vistaril 25mg PO BID x 3 days, then discontinue.

If patient is experiencing aches/pains, nausea, and/or vomiting.

1. Ibuprofen 200-400mg every 8 hours as needed for aches/pain.
2. Phenergan 25mg PO/IM/PR every 4-6 hours as needed for nausea/vomiting
3. Monitor intake and output
4. Provide electrolyte replacement

Synthetic Cathinone (Bath Salts) Intoxication/Withdrawal:

Please notify physician/provider prior to initiating protocol

Initiate Alcohol / Drug Withdrawal Flow Sheet Form.

Alert officers of status, and have them report to medical any signs/symptoms of acute issues (seizures, vomiting, etc.)

1. Vistaril 100mg PO BID x 4 days then,
2. Vistaril 75mg PO BID x 3 days then,
3. Vistaril 50mg PO BID x 3 days then,
4. Vistaril 25mg PO BID x 3 days, then discontinue.

For severe agitation, additional medicine may be necessary. Contact your physician/provider for further orders. If seizures develop, transfer to ER.

Avoid beta blockers for tachycardia.

If BP reading with manual cuff is above 160/95, add Clonidine 0.1mg po bid and then check BP every 2 hours for 6 hours.

Monitor patient for food/fluids intake and output, monitor for dehydration. If patient is unable to take medications PO due to vomiting, begin electrolyte replacement and notify provider for further instructions.

Provider's Initial/Date:



FLOW CHART FOR ALCOHOL/DRUG WITHDRAWAL

Document all findings once per shift (if shift is 12 hours – at least twice per shift). Report all findings to your Medical Director. Medical Director must review and sign form at next Physician Sick Call. If patient experiences changes or deterioration is noted, notify your Physician immediately for further orders.

Patient's Name: _____ DOB: _____ ID #: _____

Inmate is being housed where (cell, medical, etc.): _____

Start Date of Monitoring: _____ Stop Date of Monitoring: _____

Date Time							
Weakness (Yes or No)							
Restlessness (Yes or No)							
Sweating (Yes or No)							
Shakiness/Muscle Twitching							
Anxiety (<i>Reported</i>)							
Blood Pressure Reading							
Pulse / O2 Sat Reading							
Respiration Reading							
Temperature Reading							
Ataxia (<i>Observed</i>)							
Drowsiness (Yes or No)							
Vomiting (<i>Reported/Observed</i>)							
Nausea (<i>Reported</i>)							
Nystagmus							
Confusion (<i>Observed</i>)							
Slurred Speech (<i>Observed</i>)							
<i>Nurse Initials</i>							

Comments (time/date & initial)

DEFINITION OF TERMS FOR FLOW CHART FOR ALCOHOL/DRUG WITHDRAWAL:

NOTE: While you should ask the patient of his/her symptoms, feelings, etc, document on the chart as to what you see with the patient. Document vital signs at each visit also. Please alert correctional officers of the patient's status if medical staff is not available on-site 24 hrs/day. Correctional officers should be advised as to signs or symptoms to look for regarding withdrawal.

Weakness - Lacking physical strength or vigor.

Restlessness - Inability to lie down, to cease from motion, constant activity of mind or body.

Sweating - Secretion of moisture through the skin pores. Colorless, salty, aqueous fluid, especially the glands of the axillae, palms of hands, labia majora and anus.

Shakiness/Muscle Twitching - State of extreme irritability of muscle fibers causing loss of control of purposeful movement.

Anxiety - A troubled feeling, experiencing a sense of dread or fear, distress over a real or imagined threat to one's mental or physical well-being.

Ataxia - Lack of order, especially in muscular coordination. Seen in alcoholics, caused by peripheral neuritis.

Drowsiness - A condition characterized by reduced physical activity, reduced vital signs, muscle relaxation, and uncontrollable desire to sleep.

Vomiting - To eject stomach contents through the mouth.

Nausea - Inclination to vomit.

Nystagmus - Constant, involuntary, cyclical movement of eyeball. Movement may be in any direction.

Confusion - Lack of comprehension of reality, an emotional state of disorientation, not aware of time, place or person.

Slurred speech - Slovenly articulation of words, letters and syllables are omitted.



CLINICAL INSTITUTE WITHDRAWAL ASSESSMENT OF ALCOHOL SCALE

Patient Name _____ Date _____ Time _____

Vital signs: BP _____ Pulse _____ Temp _____ Resp _____

NAUSEA AND VOMITING - As "Do you feel sick to your stomach? Have you vomited?" Observation.

- 0 no nausea and no vomiting
- 1 mild nausea with no vomiting
- 2
- 3
- 4 intermittent nausea with dry heaves
- 5
- 6
- 7 constant nausea, frequent dry heaves and vomiting

TREMOR – Arms extended and fingers spread apart. Observation.

- 0 no tremor
- 1 not visible, but can be felt fingertip to fingertip
- 2
- 3
- 4 moderate, with patient's arms extended
- 5
- 6
- 7 severe, even with arms not extended

PAROXYSMAL SWEATS – Observation.

- 0 no sweat visible
- 1 barely perceptible sweating, palms moist
- 2
- 3
- 4 beads of sweat obvious on forehead
- 5
- 6
- 7 drenching sweats

ANXIETY – Ask "Do you feel nervous?" Observation.

- 0 no anxiety, at ease
- 1 mildly anxious
- 2
- 3
- 4 moderately anxious, or guarded, so anxiety is inferred
- 5
- 6
- 7 equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions

AGITATION – Observation.

- 0 normal activity
- 1 somewhat more than normal activity
- 2
- 3
- 4 moderately fidgety and restless
- 5
- 6
- 7 paces back and forth during most of the interview, or constantly thrashes about

TACTILE DISTURBANCES – Ask "Have you an itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?" Observation.

- 0 none
- 1 very mild itching, pins and needles burning or numbness
- 2 mild itching, pins and needles, burning or numbness
- 3 moderate itching, pins and needles, burning or numbness
- 4 moderately severe hallucinations
- 5 severe hallucinations
- 6 extremely severe hallucinations
- 7 continuous hallucinations

AUDITORY DISTURBANCES – Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?" Observation.

- 0 not present
- 1 very mild harshness or ability to frighten
- 2 mild harshness or ability to frighten
- 3 moderate harshness or ability to frighten
- 4 moderately severe hallucinations
- 5 severe hallucinations
- 6 extremely severe hallucinations
- 7 continuous hallucinations

VISUAL DISTURBANCES – Ask "Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?" Observation.

- 0 not present
- 1 very mild sensitivity
- 2 mild sensitivity
- 3 moderate sensitivity
- 4 moderately severe hallucinations
- 5 severe hallucinations
- 6 extremely severe hallucinations
- 7 continuous hallucinations

HEADACHE, FULLNESS IN HEAD – Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness. Otherwise, rate severity.

- 0 not present
- 1 very mild
- 2 mild
- 3 moderate
- 4 moderately severe
- 5 severe
- 6 very severe
- 7 extremely severe

ORIENTATION AND CLOUDING OF SENSORIUM – Ask "What day is this? Where are you? Who am I?"

- 0 oriented and can do serial additions
- 1 cannot do serial additions or is uncertain about date
- 2 disoriented for date by no more than 2 calendar days
- 3 disoriented for date by more than 2 calendar days
- 4 disoriented for place/or person

Patients scoring less than 10 do not usually need additional medication for withdrawal. Review with your Medical Director/Physician.

Total CIWA Score__
Rater's Initials_____
Maximum Possible Score = 67