Alcohol Withdrawal

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Check, circle, and complete all appropriate blanks.

Date: _____ Time: _____

Use this pathway for alcohol withdrawal only. For polysubstance withdrawal, contact HCP immediately for orders.

S: Subjective:

Identify what substances the patient uses, including the frequency, quantity, routes of administration, and last usage.

_____

Inquire regarding previous withdrawal experiences (previous withdrawal experiences often provide useful information regarding what to expect this time). _____

Identify what symptoms the patient is now experiencing, if any.

_____

Inquire regarding other serious medical conditions that may make the inmate high risk for withdrawal. _____

Inquire regarding pregnancy. _____

Allergies:

_____

O: Examination:

T_□___P_□_BP_____RR_____

Determine the level of consciousness and orientation. _____

For alcohol users, perform the CIWA. _____

Assess gait. _____

Assess skin. _____

Inspect for tremor. _____

Based upon history, inspect and assess other organ systems.

_____

Make a gross determination of nutritional status. _____

Inspect pupils. _____

A: Assessment:

Assess dependency and/or withdrawal as appropriate, naming the substance.
If withdrawal is occurring, identify it.
Assessment _____

P: Interventions:

Use of prescription medication other than for emergency treatment requires contact with the HCP.
The following guidelines are provided to assist the nurse in understanding what to expect and how to monitor the patient.

For inmates with histories suggestive of high risk for alcohol withdrawal:

- Check finger-stick blood sugar (FBS)
  - If <200, no recheck is needed
  - If > or = to 200, schedule for BID FBS checks x 5 days, then a chart review should occur with the HCP
  - Call provider if FBS > 350
- Begin CIWA-Ar assessments and call HCP to receive orders for:
  - Librium 50mg PO TID x 2 days
  - Librium 50mg PO BID x 2 days
  - Librium 50mg PO QDay x 1 day
- CIWA-Ar assessments should occur prior to administration of each librium dose or as directed by HCP.
- Provide thiamine 100mg PO QDay x 30 days unless otherwise contraindicated. If patient is not capable of taking oral medication, call HCP for orders; anticipate thiamine 100mg IM for 5 days or longer.
- If CIWA-Ar score is <10 prior to the administration of the final dose of librium, assessments can be discontinued. If the CIWA-Ar score is >10 at that time, contact HCP for direction.
- If CIWA-AR is above 19, ask HCP if the jail can continue to manage the patient.
- Contact the HCP if blood pressure goes above 180 systolic or 110 diastolic, or into the range of shock (SBP<90 or DBP<60).
- Contact the HCP if pulse goes above 120 for more than a few minutes, pulse <60, RR <10 or > 24, temperature > 101.1 F, patient becomes fully hallucinated or delirious, seizures recur for more than a few minutes, or other dangerous signs are noted.
- If patient answers "yes" to mental health screen, place on suicide watch and call mental health.
- Refer patient to HCP next business day; refer to mental health.
- Ensure patient receives chlordiazepoxide and/or lorazepam fact sheet(s) as appropriate..

Nurse's signature and date

_____

Reviewer's signature and date

_____

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Lorazepam (Ativan) Fact Sheet

Patient Name	*Patient Number*	*Booking Number*	*Date of Birth*	*Today's Date*

During your stay at this facility, you may be provided with medication to help treat a potentially life-threatening condition, alcohol withdrawal.

This medication is called lorazepam (ativan). Like many other medications, it is known to cause drowsiness.

Because of this, it is not recommended that you engage in any of the following activities for at least 36 hours (1 ½ days) after your last dose:

- Driving
- Operating heavy machinery
- Using power tools
- Working at heights
- Other tasks that require you to be alert

If you are released prior to completion of the 5 day alcohol detox process, it is recommended that you be evaluated at an emergency room or by your physician as soon as possible after release.

If you have any questions about this medication, please ask nursing staff as they make their medication rounds.

Patient Acknowledgment

I have read this fact sheet, or had this fact sheet read to me, and I acknowledge that I understand the information. I understand that it is my responsibility to avoid the activities described herein for no less than 36 hours following release from custody. I further understand that upon release from this facility, it has been recommended that I should seek emergent care if I have not completed the five (5) day detox process. I agree to hold harmless Correct Care Solutions and the Sheriff's Office for any alleged damages or harm as a result of my failure to follow the directions contained herein.

Signature of Patient _____ Date _____

Signature of CCS Employee _____ Date _____

Second Witness should the patient refuse to sign _____ Date _____

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Blood Pressure Record

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Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date

Cell:________________ Instructions:____

Initiated By:____ Date:____________________

Date	B.P.	Arm	Initials

Date	B.P.	Arm	Initials

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D3016DP61260PNXN

CIWA-ar Nursing Procedure – Regional/Jails
Withdrawal Symptom Order Set
(Only For EtOH (alcohol); Not for Use for Other Substance Withdrawal)
(Three Page Pathway)

CCS CORRECT CARE SOLUTIONS

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Physician:	**Allergies:**	
Date & Time of Initiation:	**Patients receiving Librium (Chlordiazepoxide) should be housed in appropriate medical observation area / infirmary if possible.**	**Date & Time of Discontinuation:**

Completed? (Initial)				
Yes	**No**	**NA**	**Protocol Step**	
			1.	Complete initial Assessment
			2.	Contact Provider to discuss assessment and obtain order (Librium, thiamine, observation level, etc.) **for assessments that:**
				- Score over 0
				- IM has a history of detox related symptoms (Check Receiving Screening and DOC INS & Medical Intake)
				- IM has a history of significant alcohol use (Check Receiving Screening and DOC INS & Medical Intake)
				- IM has a history of heart disease (order to include Librium)
				- IM is Pregnant
				- IM is acutely intoxicated
				- IM has a chronic illness
				****If none of the above, skip to step 5**
			3.	Contact security for Q15 observation
			4.	Schedule IM to see next available provider
Use CIWA Score Sheet			**5.**	Perform CIWA-Ar and vital signs re-assessments as follows:
				IF CIWA score 9 or less, then **reassess in 8 hours**
				IF CIWA score 10-12, then **reassess in 6 hours**
				IF CIWA score 13-15, then **reassess in 4 hours**
				IF CIWA score > 15, then **call HCP for possible ER transport**
				CIWA and vital signs assessments may be D/C'd to coincide with the final dose of Librium if CIWA score is <10; if CIWA score is not <10 at that time, contact HCP for direction.
			6.	Contact the provider IMMEDIATELY if any of these elements are noted on the initial assessment or develop at any time while using this tool: **a. Unresponsiveness** **f. Diastolic BP <60 or >110** **b. Changes in mental status** **g. Heart Rate <60 or >120** **c. Seizures** **h. Respiratory Rate <10 or >20** **d. CIWA score >15___** **i. Temperature >101.1°F** e. **Systolic BP <90 or >180** **j. Intractable Vomiting**
			7.	If patient answers "Yes" to mental health screen, immediately place patient on suicide watch then contact mental health provider on-call.
			8.	Place a medical hold on any patient with a CIWA-Ar score> 15 to prevent inter-facility transfer until such time as their CIWA-Ar score is <10 on 2 consecutive assessments.

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CIWA-ar Nursing Procedure – Regional/Jails
Withdrawal Symptom Order Set
(Only For EtOH (alcohol); Not for Use for Other Substance Withdrawal)
(Three Page Pathway)

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

***If inmate refuses, answer question by visual assessment**

Date:										
Time:										
SCORE										
Nausea and Vomiting										
Tremor										
Paroxysmal Sweating										
Agitation										
Tactile Disturbances										
Auditory Disturbances										
Visual Disturbances										
Anxiety										
Headaches, Fullness in the Head										
Orientation										
Total (max score 67)										
Vitals										
Respiration **(notify provider if <10 or >20)**										
BP **(notify provider if Syst <90 or >180 or Diast <60 or >110)**										
Temp **(notify provider if >101.1 F)**										
Pulse **(notify provider if <60 or >120)**										
Mental Health Screen										
Thoughts of Self-harm or Suicide?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Nurse's Initials:										

*Use in conjunction with CIWA-Ar Assessment Review Sheet. The scores for the 10 items are summed to give a total score.
< 10 Stable; 16-20 Moderate withdrawal; 10-15 Mild to moderate withdrawal; > 20 Severe withdrawal

Contact the provider if any of these elements are noted on the initial assessment or develop at any time while using this tool:

f. Unresponsiveness
b. Changes in mental status
c. Seizures
d. CIWA score >15
e. Systolic BP <90 or >180
f. Diastolic BP <60 or >110
g. Heart Rate <60 or >120
h. Respiratory Rate <10 or >20
i. Temperature >101.1°F
j. Intractable Vomiting

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CIWA-ar Nursing Procedure – Regional/Jails
Withdrawal Symptom Order Set
(Only For EtOH (alcohol); Not for Use for Other Substance Withdrawal)
(Three Page Pathway)

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

ALLERGIES

Time	Comments:

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CIWA-ar Nursing Procedure – State/Prisons
Withdrawal Symptom Order Set
(Only For EtOH (alcohol); Not for Use for Other Substance Withdrawal)
(Three Page Pathway)

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Physician:	**Allergies:**	
Date & Time of Initiation:	**Patients receiving Librium (Chlordiazepoxide) should be housed in appropriate medical observation area / infirmary if possible.**	**Date & Time of Discontinuation:**

Completed? (Initial)				
Yes	**No**	**NA**	**Protocol Step**	
			1.	Complete initial Assessment
			2.	Contact Provider to discuss assessment and obtain order (Librium, thiamine, observation level, etc.) **for assessments that:**
				- Score over 0
				- IM has a history of detox related symptoms (Check Receiving Screening and DOC INS & Medical Intake)
				- IM has a history of significant alcohol use (Check Receiving Screening and DOC INS & Medical Intake)
				- IM has a history of heart disease (order to include Librium)
				- IM is Pregnant
				- IM is acutely intoxicated
				- IM has a chronic illness
				****If none of the above, skip to step 5**
			3.	Contact security for Q15 observation
			4.	Schedule IM to see next available provider
Use CIWA Score Sheet			**5.**	Perform CIWA-Ar and vital signs re-assessments as follows:
				IF CIWA score 9 or less, then **reassess in 6 hours**
				IF CIWA score 10-12, then **reassess in 4 hours**
				IF CIWA score 13-15, then **reassess in 2 hours**
				IF CIWA score 16-19, then **reassess in 1 hour**
				IF CIWA score > 19, then **call HCP for possible ER transport**
				CIWA and vital signs assessments may be D/C'd to coincide with the final dose of Librium if CIWA score is <10; if CIWA score is not <10 at that time, contact HCP for direction.
			6.	Contact the provider IMMEDIATELY if any of these elements are noted on the initial assessment or develop at any time while using this tool: **a. Unresponsiveness** **f. Diastolic BP <60 or >110** **b. Changes in mental status** **g. Heart Rate <60 or >120** **c. Seizures** **h. Respiratory Rate <10 or >20** **d. CIWA score >15___** **i. Temperature >101.1°F** **e. Systolic BP <90 or >180** **j. Intractable Vomiting**
			7.	If patient answers "Yes" to mental health screen, immediately place patient on suicide watch then contact mental health provider on-call.
			8.	Place a medical hold on any patient with a CIWA-Ar score> 15 to prevent inter-facility transfer until such time as their CIWA-Ar score is <10 on 2 consecutive assessments.

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CIWA-ar Nursing Procedure – State/Prisons
Withdrawal Symptom Order Set
(Only For EtOH (alcohol); Not for Use for Other Substance Withdrawal)
(Three Page Pathway)

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

***If inmate refuses, answer question by visual assessment**

Date:										
Time:										
SCORE										
Nausea and Vomiting										
Tremor										
Paroxysmal Sweating										
Agitation										
Tactile Disturbances										
Auditory Disturbances										
Visual Disturbances										
Anxiety										
Headaches, Fullness in the Head										
Orientation										
Total (max score 67)										
Vitals										
Respiration **(notify provider if <10 or >20)**										
BP **(notify provider if Syst <90 or >180 or Diast <60 or >110)**										
Temp **(notify provider if >101.1 F)**										
Pulse **(notify provider if <60 or >120)**										
Mental Health Screen										
Thoughts of Self-harm or Suicide?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Nurse's Initials:										

*Use in conjunction with CIWA-Ar Assessment Review Sheet. The scores for the 10 items are summed to give a total score.
< 10 Stable; 16-20 Moderate withdrawal; 10-15 Mild to moderate withdrawal; > 20 Severe withdrawal

Contact the provider if any of these elements are noted on the initial assessment or develop at any time while using this tool:

- **f.** Unresponsiveness
- b. Changes in mental status
- c. Seizures
- d. CIWA score >15
- e. Systolic BP <90 or >180
- f. Diastolic BP <60 or >110
- g. Heart Rate <60 or >120
- h. Respiratory Rate <10 or >20
- i. Temperature >101.1°F
- j. Intractable Vomiting

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CIWA-ar Nursing Procedure – State/Prisons
Withdrawal Symptom Order Set
(Only For EtOH (alcohol); Not for Use for Other Substance Withdrawal)
(Three Page Pathway)

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

ALLERGIES

Time	Comments:

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Intake Pathway – COWS
Opiate Withdrawal

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Physician:	**Allergies:**
Date & Time of Initiation:	Another brand of drug identical in form may be dispensed unless checked: ☐

	Opiate withdrawal (COWS) order set:
	TO BE USED IN OPIATE WITHDRAWAL ONLY! CALL HCP ON-CALL IF PATIENT IS HAVING POLYSUBSTANCE WITHDRAWAL
1.	Check pregnancy test as appropriate; inform HCP of (+) result
2.	Check finger-stick blood sugar (FBS) • If <200, no recheck is needed • If > or = to 200, schedule for BID FBS checks x 5 days, then a chart review should occur with the HCP Call provider if FBS > 350
3.	Begin COWS scoring sheet assessing the patient TID (in each 24 hour period)
4.	Educate patient about opiate withdrawal during each assessment.
5.	If COWS score is > 10, contact HCP and change reassessment schedule to QID (in a 24 hour period) until COWS score is <10.
6.	If the COWS score remains 10 or less for 72 hours, no specific intervention is necessary and this pathway and this order set terminate.
7.	If diarrhea is present, offer loperamide (Imodium) 4 mg PO (additional 2 mg doses with additional loose bowel movements to a maximum of 16 mg during any 24 hour period) for 7 days. If patient requires this med for more than 7 days or if patient show signs of clinical dehydration, contact HCP.
8.	If patient develops muscle cramps, offer acetaminophen (Tylenol) 650 mg PO QID x 7 days for pain. If patient has documented allergy to acetaminophen, provide ibuprofen 200mg PO TID x 7 days unless otherwise contraindicated. If patient requires this med for more than 7 days, contact HCP.
9.	If muscle cramps are disabling or acetaminophen AND ibuprofen are contraindicated, contact HCP and request orders for a muscle relaxer.
10.	If vomiting occurs, offer meclizine 25 mg PO TID for 7 days. Contact HCP if patient requires this med for more than 7 days, if vomiting is not controlled with PO meds, or if patient show signs of clinical dehydration.
11.	If patient answers "Yes" to thoughts of suicide, immediately place patient on suicide watch then contact mental health provider on-call.
12.	Contact HCP on-call immediately for any of the following: • Seizures • Delirium • Patient appears dehydrated or otherwise clinically unstable • SBP >200 or <90 • DBP >120 or <60 • HR >140 or <60
13.	Refer patient to HCP on next business day.
14.	Refer to mental health.

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Narcotic Withdrawal

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Check, circle, and complete all appropriate blanks.

Date: _____ Time: _____

Use this pathway for narcotic withdrawal only. For polysubstance withdrawal, contact HCP immediately for orders.

S: Subjective:

Identify what substances the patient uses, including the frequency, quantity, routes of administration, and last usage. _
_____
_____
_____

Inquire regarding previous withdrawal experiences (previous withdrawal experiences often provide useful information regarding what to expect this time). _____
_____
_____
_____

Identify what symptoms the patient is now experiencing, if any.
_____
_____

Inquire regarding other serious medical conditions that may make the inmate high risk for withdrawal. _____
_____
_____

Inquire regarding pregnancy. _____
_____

Allergies:
_____

O: Examination:

T_□___P___□_BP_____RR_____

Determine the level of consciousness and orientation. _____
_____
_____

Assess gait. _____
_____

Assess skin. _____
_____

Inspect for tremor. _____
_____

Based upon history, inspect and assess other organ systems. _
_____
_____

Make a gross determination of nutritional status. _____
_____

Inspect pupils. _____

A: Assessment:

Assess dependency and/or withdrawal as appropriate, naming the substance.
If withdrawal is occurring, identify it.
Assessment _____

P: Interventions:

Use of prescription medication other than for emergency treatment requires contact with the HCP.
The following guidelines are provided to assist the nurse in understanding what to expect and how to monitor the patient.

For opiate withdrawal:

- Rule out pregnancy by history, physical examination, or urine test. **If pregnancy is present, contact HCP immediately for direction.**
- Check finger-stick blood sugar (FBS)
  - If <200, no recheck is needed
  - If > or = to 200, schedule for BID FBS checks x 5 days, then a chart review should occur with the HCP
  - Call provider if FBS > 350
- Begin COWS scoring flowsheet, reevaluating TID.
- Assure the patient that withdrawal will pass and that we will provide medications to blunt symptoms. Make sure the patient understands that withdrawal symptoms cannot be eliminated.
- Contact the HCP if COWS score is greater than 10. Change reassessment interval to QID until COWS score is 10 or less.
- Offer clear liquid diet during active withdrawal.
- If diarrhea is present, offer loperamide (Imodium) 4 mg PO (additional 2 mg doses with additional loose bowel movements to a maximum of 16 mg during any 24 hour period) for 7 days. If patient requires this med for more than 7 days or shows signs of dehydration, contact HCP.
- If patient develops muscle cramps, offer acetaminophen 975 mg PO QID x 7 days for pain. If acetaminophen is contraindicated, offer ibuprofen 200mg PO TID x 7 days.
- If muscle cramps are disabling or acetaminophen AND ibuprofen are contraindicated, contact HCP and request a muscle relaxant.
- If vomiting occurs, offer meclizine 25 mg PO TID for 7 days.
- Contact HCP if vomiting is not controlled with PO meds, shows signs of dehydration, or patient requires meds for more than 7 days.
- Contact the HCP for SBP > 200, DBP > 120, BP in the range of shock (below 90/60), or HR > 140 for more than a few minutes
- Contact the HCP if other dangerous sign is noted such as delirium, hallucinations, recurrent or prolonged seizure activity.
- If patient shows no sign of withdrawal after 72 hours (COWS score <10), discontinue COWS assessment and order set.
- If patient answers "yes" to mental health screen, place patient on suicide watch and call mental health.
- Refer patient to HCP on next business day; refer to mental health.

Nurse's signature and date

_____

Reviewer's signature and date

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COWS Scoring Sheet for Opiate Withdrawal

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Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date

(Perform COWS assessment prior to administration of any meds)

Date/Time										
Record Blood Pressure										
Record Heart Rate										
Score for Heart Rate										
Sweating										
Restlessness/Anxiety										
Pupil size										
Bone or Joint Aches										
Runny Nose/Tearing										
GI upset										
Tremor										
Yawning										
Irritability										
Skin										
Add values vertically in shaded area for Total Score										
Thoughts of suicide?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Initials										

Clinical Opiate Withdrawal Symptom Scale (COWS)	**Pupil size:** 0=Pinpoint to normal 1= Larger than normal in room light 2= Moderately Dilated 3= Only rim of iris visible due to dilation	**Tremor:** 0=none 1= Tremor felt but not observed 2= Gross Tremors or muscle twitching
Heart Rate: 0= 80 or less 1=81-90 2=91-100 3=100 or greater	**Bone or Joint Aches:** 0= No discomfort 1= mild pain 2=Moderate aching 3= Severe aching or rubbing of joints/muscles	**Yawning:** 0= none present 1= 1-2 times during assessment 2= 3-4 times during assessment 3= Several times per minute
Sweating: 0=None 1=pt c/o chills or flushing 2=Facial flushing 3= facial sweating 4=Drenching sweats	**Eyes Tearing or Runny Nose:** 0= none 1= Nasal congestion 2=Runny nose or Eyes tearing 3= Eye or nose constantly tearing/running	**Irritability** 0= none 1= Mild irritability 2= Obvious irritability 3= Severe irritability which interferes with assessment
Restlessness and Anxiety: 0= None, able to sit still 1= Mild anxiety, some difficulty sitting still 2= Moderate anxiety, frequent shifting/moving arms and legs 3=Severe anxiety Unable to sit still	**GI upset:** 0=None 1=Stomach cramps 2=Nausea 3=Vomiting or diarrhea 4=Multiple Episodes of vomiting/diarrhea	**Skin:** 0= Skin is smooth, no goosebumps 2= Hair can be felt standing up on arms 3= Obvious prominent goosebumps

Signature/Title	Initials	Signature/Title	Initials

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Daily Treatment Record

Patient Name	*Patient Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Treatment Ordered (Check One)
☐ Nebulizer Treatments ☐ Weight Checks
☐ Blood Pressures ☐ Other

Order as Written: _____

Treatment Frequency: ☐ QD ☐ BID ☐ Other: _____

Begin Date: _____ End Date: _____

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	Initials	Signature	Initials	Signature

- Upon completion of ordered Blood Pressure and Weight Checks, place the completed Treatment record into the health record and schedule patient for a physical evaluation
- Report all Blood Pressures according to protocol to the Physician

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Diabetic Flow Sheet

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

FS & Insulin Ordered: _____

DATE	TIME	RESULT	MEDICATION	DOSE	INIT.	PROV. NOTI-FIED	COMMENTS

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Food Intake Tracking

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Date	Shift	Behavior

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Physician's Order

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

ALLERGIES: _____

Physician:		
Date & Time:	☐Another brand of drug identical in content may be dispensed unless checked.	

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HIV-ATRIPLA Exchange
Physician's Orders

CCS
CORRECT CARE SOLUTIONS

Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date

Allergies:_____

_____

DATE	Physician's Orders
	Prior to initiation of any of these orders the on-call HCP must be contacted.
	1. Discontinue ATRIPLA
	2. Begin Viread 300mg 1 po q hs x _____days.
	3. Begin Lamivudine 300mg 1 po q hs x _____ days.
	4. Begin Sustiva 600mg 1 po q hs x _____ days.
	(Add other orders below as directed by HCP)
	☐Telephone Orders ☐Verbal Orders
	Initiate MAR if HCP orders medication(s)
	After completing any additional orders, place this form in HCP's box for signature (if applicable)

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HIV-COMPLERA Exchange
Physician's Orders

CCS CORRECT CARE SOLUTIONS

Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date

Allergies:_____

_____

DATE	Physician's Orders
	Prior to initiation of any of these orders the on-call HCP must be contacted.
	1. Discontinue COMPLERA
	2. Begin Viread 300mg 1 po q day x _____days.
	3. Begin Lamivudine 300mg 1 po q day x _____ days.
	4. Begin Edurant 25 mg 1 po q day x _____ days.
	(Add other orders below as directed by HCP)
	☐Telephone Orders ☐Verbal Orders
	Initiate MAR if HCP orders medication(s)
	After completing any additional orders, place this form in HCP's box for signature (if applicable)

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HIV-TRUVADA Exchange
Physician's Orders

CCS
CORRECT CARE SOLUTIONS

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Allergies:_____

_____

DATE	Physician's Orders
	Prior to initiation of any of these orders the on-call HCP must be contacted.
	1. Discontinue TRUVADA.
	2. Begin Viread 300mg 1 po q day x _____days.
	3. Begin Lamivudine 300mg 1 po q day x _____ days.
	(Add other orders below as directed by HCP)
	☐Telephone Orders ☐Verbal Orders
	Initiate MAR if HCP orders medication(s)
	After completing any additional orders, place this form in HCP's box for signature (if applicable)

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Health Services Reception Form

CCS
CORRECT CARE SOLUTION

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Name		**PID**	
Receiving Facility		**DOB**	
Date/Time			

S: Complaints upon arrival						
O:	**T=**	**P=**	**R=**	**B/P**	**SPO_2=**	**LMP=**
Physical Appearance/Behavior						
Other Examination						

A/P:

1) **Transfer form reviewed: Yes No**
2) **Medical Access procedure instructions given to patient: Yes No**
3) **Pregnancy test done at transferring facility: Yes No**
4) **Referrals:**
   a. **Emergency Room: Yes No**
   b. **Physician: Yes No**
   c. **Chronic Illness Clinic(s) Scheduled: Yes No**
   d. **Dental: Yes No**
   e. **Mental Health: Yes No**
5) **Other action taken**

_____

_____

_____

_____

Signature **Date/Time**

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Chlordiazepoxide(Librium)
Fact Sheet

Patient Name	*Patient Number*	*Booking Number*	*Date of Birth*	*Today's Date*

During your stay at this facility, you will be provided with medication to treat a potentially life-threatening condition, substance withdrawal.

This medication is called chlordiazepoxide (Librium). Like many other medications, it is known to cause drowsiness.

Because of this, it is not recommended that you engage in any of the following activities for at least 72 hours (3 days) after your last dose:

- Driving
- Operating heavy machinery
- Using power tools
- Working at heights
- Other tasks that require you to be alert

If you are released prior to completion of the 5 day alcohol detox process, it is recommended that you be evaluated at an emergency room or by your physician as soon as possible after release.

If you have any questions about this medication, please ask nursing staff as they make their medication rounds.

Patient Acknowledgment

I have read this fact sheet, or had this fact sheet read to me, and I acknowledge that I understand the information. I understand that it is my responsibility to avoid the activities described herein for no less than 72 hours following release from custody. I further understand that upon release from this facility, it has been recommended that I should seek emergent care if I have not completed the five (5) day detox process. I agree to hold harmless Correct Care Solutions and the Sheriff's Office for any alleged damages or harm as a result of my failure to follow the directions contained herein.

Signature of Patient _____ Date _____

Signature of CCS Employee _____ Date _____

Second Witness should the patient refuse to sign _____ Date _____

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Mental Health
Provider Orders

Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date

Date/Time	Allergies:

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Neurological Assessment

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Patient Name	*Patient Number*	*Date of Birth*	*Today's Date*

Date:								
Time								
Assessed By (initials)								
Check Patient's Responses								
Glasgow Coma Scale	Eyes Open	Spontaneously	4					
		To Speech	3					
	Closed by Swelling	To Pain	2					
		None	1					
	Verbal Response	Oriented	5					
		Confused	4					
		Inapprop. Words	3					
		Incomp. Sounds	2					
		None	1					
	Motor Response	Obeys Commands	6					
		Localizes Pain	5					
		Flexion to Pain	4					
		Abnormal Flexion	3					
		Abnormal Extension	2					
		None	1					
	Score (poss 3 - 15)							
Limb Movement Record right and left separately if there is a difference between the two sides. C=Contractures R=Right L=Left	Arms	Normal Power						
		Mild Weakness						**Posture Decerebrate**
		Severe Weakness						
		Spastic Flexion						
		Extension						
		No Response						
	Legs	Normal Power						
		Mild Weakness						
		Severe Weakness						
		Spastic Flexion						
		Extension						
		No Response						
Eyes	N-Reacts Normal S-Sluggish U -Un/Non-reactive C-Closed	Right - size						
		Reaction						**Posture Decorticat**
		Left - Size						
		Reaction						
Eye Signs		**Normal Power** - Movement of limb off bed against resistance. **Mild Weakness** - Movement of limb off bed against gravity but not against resistance **Severe Weakness** - Unable to lift limb off bed but muscle contractions noted **See diagram above-right.**						
		Pupil Size 2mm 3mm 4mm 5mm 6mm 7mm 8mm 9mm						

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Sedative/Hypnotic-
(benzodiazepine and barbiturate) Withdrawal

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Check, circle, and complete all appropriate blanks.

Date: _____ Time: _____

Use with benzodiazepine and/or barbiturate withdrawal only. For polysubstance withdrawal, contact HCP immediately for orders.

S: Subjective:

Identify what substances the patient uses, including the frequency, quantity, routes of administration, and last usage. _

_____

_____

_____

_____

_____

Inquire regarding previous withdrawal experiences (previous withdrawal experiences often provide useful information regarding what to expect this time). _____

_____

_____

_____

_____

Identify what symptoms the patient is now experiencing, if any.

_____

_____

_____

_____

_____

Inquire regarding other serious medical conditions that may make the inmate high risk for withdrawal. _____

_____

_____

_____

_____

Inquire regarding pregnancy. _____

_____

Allergies:_____

_____

O: Examination:

T_□___P___□_BP_____RR_____

Determine the level of consciousness and orientation. _____

_____

_____

Assess gait. _____

_____

Assess skin. _____

_____

Inspect for tremor. _____

_____

Based upon history, inspect and assess other organ systems. _

_____

_____

_____

Make a gross determination of nutritional status. _____

_____

Inspect pupils. _____

_____

A: Assessment:

Assess dependency and/or withdrawal as appropriate, naming the substance.
If withdrawal is occurring, identify it.
Assessment _____

P: Interventions:

Use of prescription medication other than for emergency treatment requires contact with the HCP.
The following guidelines are provided to assist the nurse in how to monitor the patient.

For inmates with histories suggestive of high risk for sedative hypnotic withdrawal:

- Check finger-stick blood sugar (FBS)
  - If <200, no recheck is needed
  - If > or = to 200, schedule for BID FBS checks x 5 days, then a chart review should occur with the HCP
  - Call provider if FBS > 350
- Begin CIWA-Ar assessments and call HCP to receive orders for:
  - Librium 50mg PO TID x 2 days
  - Librium 50mg PO BID x 2 days
  - Librium 50mg PO QDay x 1 day
- Provide chlordiazepoxide and lorazepam fact sheet(s) as appropriate.
- CIWA-Ar assessments should occur prior to administration of each librium dose or as directed by HCP.
- If CIWA-Ar score is <10 prior to the administration of the final dose of librium, assessments can be discontinued. If the CIWA-Ar score is >10 at that time, contact HCP for direction.
- If CIWA-AR is above 19, contact HCP and ask if the patient should continue to be managed at the facility.
- Contact the HCP if blood pressure goes above 180 systolic or 110 diastolic, or into the range of shock (SBP<90 or DBP<60).
- Contact the HCP if pulse goes above 120 for more than a few minutes, pulse <60, RR <10 or > 24, temperature > 101.1 F, patient becomes fully hallucinated or delirious, seizures recur for more than a few minutes, or other dangerous signs are noted.
- If patient answers "yes" to mental health screen, place patient on suicide watch and call mental health.
- Refer patient to HCP and mental health.

Nurse's signature and date

_____

Reviewer's signature and date

_____

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Intake Provider Orders-
Sedative Hypnotic Withdrawal Order Set

Patient Name	*Inmate Number*	*Date of Birth*	*Today's Date*

Physician:	**Allergies:**
Date & Time of Initiation:	**Patients receiving Librium (Chlordiazepoxide) should be housed in appropriate medical observation area / infirmary as applicable.**

1.	**House patient in medical observation if possible.**	
2.	**Check finger-stick blood sugar (FBS)** • **If <200, no recheck is needed** • **If > or = to 200, schedule for BID FBS checks x 5 days, then a chart review should occur with the HCP** • **Call provider if FBS > 350**	
3.	**If patient is continuously vomiting OR displaying signs and symptoms of dehydration, contact the provider.**	
4.	**Contact the provider IMMEDIATELY for the following BEFORE giving Librium:**	
	a. Pregnancy b. Unresponsiveness c. Changes in mental status d. Seizures e. CIWA score >19	f. Systolic BP <90 or >180 g. Diastolic BP <60 or >110 h. Heart Rate <60 or >120 i. Respiratory Rate <10 or >24 j. Temperature >101.1°F
5.	**Follow the Pathway below for Withdrawal assessments and Librium dosing (providing patient with chlordiazepoxide and lorazepam fact sheet(s) as appropriate):**	
	STEP 1: Perform CIWA-Ar assessment and score appropriately	
	• Start Librium 50mg po TID x 2 days, then	
	• Librium 50mg po BID x 2 days, then	
	• Librium 50mg po daily x 1 day	
	STEP 2: Vital signs, CIWA-Ar assessment, and scoring before each medication dosing	
	STEP 3: Contact provider for additional dosing orders when CIWA score greater than 19.	
6.	**If patient answers "Yes" to mental health screen, immediately place patient on suicide watch then contact mental health provider on-call.**	
7.	**Refer patient to see HCP on next business day.**	
8.	**Refer patient to Mental Health.**	

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Intake Provider Orders-CIWA
-Ar Review and Score Sheet
(Not for Use for Opiate Withdrawal)
(Two Page Pathway)

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Patient Name	*Inmate Number*	*Date of Birth*	*Today's Date*

NAUSEA & VOMITING - Ask, "Do you feel sick to your stomach? Have you vomited?"
OBSERVATION:

0	No nausea, no vomiting
1	Mild Nausea with no vomiting
2	
3	
4	Intermittent nausea with dry heaves
5	
6	
7	Constant nausea, frequent dry heaves & vomiting

TREMOR - Arms extended, fingers spread apart.

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

0	No sweat visible
1	Barely perceptible sweating, palms moist
2	
3	
4	Beads of sweat obvious on forehead
5	
6	
7	Drenching sweats

AGITATION

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 had any itching, pins & needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?"

1	Very mild itching, pins & needles, blurring, or numbness
2	Mild itching, pins & needles, burning, or numbness
3	Moderate itching, pins & 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?"

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 the 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?"

0	Not present
1	Very mild sensitivity
2	Mild sensitivity
3	Moderate harshness or ability to frighten
4	Moderately severe hallucinations
5	Severe hallucinations
6	Extremely severe hallucinations
7	Continuous hallucinations

ANXIETY - Ask, "Do you feel nervous?"

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 state, as seen in severe delirium or acute schizophrenic reactions

HEADACHE, FULLNESS IN HEAD - Ask, "Does YOUR HEAD FEEL DIFFERENT? Does it feel like there is a band around your head?" Do Not rate 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 - 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 the 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 and/or person

The scores for the 10 items are summed to give a total score. < 10, 10-15, 16-19, > 20 Place Score on Score Sheet

Date:										

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Intake Provider Orders-CIWA -Ar Review and Score Sheet

(Not for Use for Opiate Withdrawal)

(Two Page Pathway)

Patient Name	Inmate Number	Date of Birth	Today's Date

Time:										
SCORE										
Nausea and Vomiting										
Tremor										
Paroxysmal Sweating										
Agitation										
Tactile Disturbances										
Auditory Disturbances										
Visual Disturbances										
Anxiety										
Headaches, Fullness in the Head										
Orientation										
Total (max score 67)										
Vitals										
BP										
Temp										
Pulse										
Mental Health Screen										
Thoughts of Self-harm or Suicide?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Nurses Initials:										

*Use in conjunction with CIWA-Ar Assessment Review Sheet.
The CIWA scores for the 10 items are summed to give a total score.

< 10	Stable	16-19	Moderate withdrawal
10-15	Mild to moderate withdrawal	> 20	Severe withdrawal

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Suboxone/Buprenorphine Worksheet

Patient Name	*Inmate Number*	*Booking Number*	*Date of Birth*	*Today's Date*

Medication Information

Pharmacy: _____ **Outside Provider:** _____
Order request faxed to provider: Yes _____ No _____
If no, reason: _____ Contact information: _____

Rx verified: Yes_____ No_____
If no, reason: Pharmacy closed _____ No record at pharmacy _____ Other _____

If verified, **Suboxone dose:** ____8/2 ____4/1 Other, specify: _____
Or Subutex (Buprenorphine) dose: ____8 ____4 Other, specify: _____

Dose frequency: Daily _____ Twice daily _____ Other, specify: _____

CCS Suboxone provider contacted: Yes _____ No _____
Determination: Continue MAT _____ Discontinue MAT _____
If medication discontinued, **detox orders obtained:** Yes _____ No _____

Is female client, pregnant: Yes _____ No _____

Incarceration Information

Expected Length of Stay: _____> 30 days
_____< 30 days
Source of information : Security Staff _____ Probation/parole _____ Caseworker Staff _____

Reason for incarceration drug related? Yes _____ No _____
Source of information : Security Staff _____ Caseworker Staff _____ Other (specify) _____

Lab Information

Urine Drug Screen: Performed by security: Yes _____ No _____
If yes, results: Positive _____ Negative _____

Ordered through BioReference: Yes _____ No _____
If yes, arrangements for urine collection made? Yes _____ No _____

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Diazepam (Valium) Fact Sheet

Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date

During your stay at this facility, you will be provided with medication to treat a potentially life-threatening condition, alcohol withdrawal.

This medication is called Diazepam (Valium). Like many other medications, it is known to cause drowsiness.

Because of this, it is not recommended that you engage in any of the following activities for at least 168 hours (7 days) after your last dose:

- Driving
- Operating heavy machinery
- Using power tools
- Working at heights
- Other tasks that require you to be alert

If you are released prior to completion of the 5 day alcohol detox process, it is recommended that you be evaluated at an emergency room or by your physician as soon as possible after release.

If you have any questions about this medication, please ask nursing staff as they make their medication rounds.

Patient Acknowledgment

I have read this fact sheet, or had this fact sheet read to me, and I acknowledge that I understand the information. I understand that it is my responsibility to avoid the activities described herein for no less than 7 days following release from custody. I further understand that upon release from this facility, it has been recommended that I should seek emergent care if I have not completed the five (5) day detox process. I agree to hold harmless Correct Care Solutions and for any alleged damages or harm as a result of my failure to follow the directions contained herein.

Signature of Patient _____ Date _____

Signature of CCS Employee _____ Date _____

Second Witness should the patient refuse to sign _____ Date _____

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Vital Sign Flow Sheet

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Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date

Allergies:_____ Provider:_____

Provider Directives:_____

_____

Start Date:_____ Stop Date:_____

Date/Time	BP	Pulse	Resp	Temp	Nurse

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Warfarin Patient Flowsheet

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Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date

Clinical Indication:*	INR Therapeutic Range:*

☐ Coumadin fact sheet reviewed with patient ☐ Master Problem List Populated

Date	Current Dose	INR	Complications	Dose Change	Next INR Date	Provider's Initials

Guideline for adjusting Coumadin dosages:

- INR less than 2 - increase **weekly Warfarin** dose by 5-20%
- INR 3-3.5 – decrease **weekly Warfarin** dose by 5-15%
- INR 3.6-5.0 – consider withholding one dose, and decrease weekly dose by 10-15%
- INR 5-10 – withhold 1-2 doses, decrease weekly dose by 10-20%
- INR>10 – hold Warfarin, Vitamin K 3-5mg po one dose, anticipate significantly lower INR in 24-48 hours

Example:

Patient with an INR of 3.5 who is currently taking Warfarin 5 mg/day PO

Reduce Weekly dose 10% (35.0 mg – 3.5 mg = 31.5 mg)

New weekly dose = 31.5 mg/week divided by 7 = **4.5 mg/day**

Solution:

Patient takes a 2.5 mg tab plus a 2.0 mg tab each day

OR

4 mg tab day 1 to alternate with a 5 mg tab day 2

(continue alternating thereafter)

In cases of significant bleeding patients will need to receive Vitamin K by slow infusion and Fresh Frozen Plasma (FFP) in an Inpatient setting.

***Indication and INR Range**

Acute myocardial infarction with risk 2.0 – 3.0	Prevention of venous thromboembolism (High risk surgery) 2.0 – 3.0
Recurrent myocardial infarction 2.5 – 3.5	Treatment of venous thrombosis 2.0 – 3.0
Atrial fibrillation (moderate to high-risk patients) 2.0 – 3.0	Bileaflet mechanical heart valve 2.0 – 3.0
Valvular heart disease 2.0 – 3.0	Mechanical heart valve (caged ball, caged disk) 2.5 – 3.5
Tissue heart valves 2.0 – 3.0	Other

Warfarin is the generic name for two commercial products Coumadin and Jantoven. Warfarin is on the approved CCS formulary

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Weight Record

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Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date

Unit:_______________ Instructions:____

Initiated By:__________ Start Date:__________ End Date:__________

Date	Weight	Initials

Date	Weight	Initials

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