I. AUTHORITY: TCA 4-3-603, TCA 4-3-606.

II. PURPOSE: To provide guidelines for management of inmates who are demonstrating the clinical necessity for the management of withdrawal symptoms that are physical and psychological.

III. APPLICATION: To all employees and inmates of the Tennessee Department of Correction (TDOC), including all Health Administrators and health care staff, {excluding those at the Tennessee Correction Academy (TCA)} and privately managed facilities.

IV. DEFINITIONS:

A. Acute Withdrawal: A present or experienced, to a severe or intense degree, physical and mental symptoms that occur after stopping or reducing the intake of a drug.

B. Ambulatory Withdrawal Management: Withdrawal management that is medically monitored and managed but that does not require admission to an inpatient, medically or clinically monitored, or managed 24-hour treatment setting.

C. Clinical Necessity: For purposes of this policy this definition implies the same as of a "medical necessity"; health care services that a licensed provider may deem justified as reasonable, necessary, and/or appropriate, based on evidence-based clinical standards of care to provide to an inmate.

D. Clinical Opiate Withdrawal Scale (COWS): An 11-item scale used by a licensed provider to identify the severity of withdrawals.

E. Licensed Provider: For purposes of this policy, a licensed physician, advanced practice nurse (APN), nurse practitioner (NP), or physician assistant (PA).

F. Withdrawal Management Services: Services to assist an inmate's withdrawals, acute intoxication, and/or withdrawal potential.

G. Withdrawal Syndrome: The onset of a vast range of expected signs and symptoms following a sudden stop of, or rapid decrease in, the dosage of a psychoactive drug.

V. POLICY: Inmates who have been diagnosed by a provider as requiring withdrawal management shall receive services in an appropriate setting under the supervision of a provider as deemed to be a clinical necessity.

VI. PROCEDURES:

A. If any TDOC staff member believes an inmate may be experiencing acute withdrawal or withdrawal syndrome, he or she should refer the inmate to health services to be screened and assessed by utilizing the TDOC approved instrument; Clinical Opiate Withdrawal Scale (COWS). If the health services staff concludes that the inmate is experiencing withdrawal, they shall refer the inmate to the institutional provider.

B. Also, an inmate may present him/herself to staff, expressing the desire to stop using drugs and/or alcohol, and claim that withdrawal management is required. If this occurs, the inmate shall be referred to the institutional provider, who will develop a plan for the inmate's withdrawal management, if necessary.

C. Once the provider has determined the need for withdrawal management services, he/she shall refer the inmate as follows:

1. If the inmate's acute withdrawal is an emergent, life-threatening situation, he/she should be sent immediately to the nearest emergency room for treatment.

2. If the inmate is experiencing or is expected to experience mild or moderate withdrawal, but still requires pharmacological intervention, the provider shall determine whether to treat the inmate in the institution or transfer the inmate to the contracted hospital(s) or an institution that provides ambulatory withdrawal management services.

3. If the provider opts to transfer the inmate to the hospital for mild or moderate withdrawal, the medical staff shall observe the usual procedures for hospital admission.

D. The determination of the need for withdrawal management services shall only be made by a provider.

E. Inmates may undergo ambulatory withdrawal management for mild or moderate withdrawal within the institution infirmary or designated bed assignment, provided appropriate supervision is available from the provider and the nursing staff. If this course of treatment is chosen, the responsible provider shall thoroughly document withdrawal management service orders in the health record.

F. Once withdrawal management has been completed, the institutional provider or designee shall refer the inmate via the Institutional Health Services Referral, CR-3431, to the behavioral health administrator for substance use disorder programming. (See Policy #513.07)

VII. ACA STANDARDS: 5-ACI-6A-31, 5-ACI-6A-32, and 5-ACI-6A-41.

VIII. EXPIRATION DATE: December 1, 2023

TENNESSEE DEPARTMENT OF CORRECTION
INSTITUTIONAL HEALTH SERVICES REFERRAL

_____
INSTITUTION

☐ MEDICAL ☐ DENTAL
☐ BEHAVIORAL HEALTH

INMATE: _____ TDOC ID: _____
Last First Middle

PRESENTING PROBLEMS: _____

_____
_____
_____
_____
_____
_____

REFERRED BY: _____ _____ _____
Signature/Title Date Time

SEND REFERRAL FORM TO INSTITUTIONAL HEALTH COORDINATOR

☐ Behavioral Health
☐ Medical ☐ Dental

RECEIVED BY: _____ _____ _____
Signature/Professional Title Date Time

REFERRAL DISPOSITION (Course of Action): _____

_____
_____
_____
_____
_____
_____

_____ DATE: _____ TIME: _____

_____
Signature/Professional Title

Clinical Opiate Withdrawal Scale (COWS)

Flow-sheet for measuring symptoms for opiate withdrawals over a period of time.

For each item, write in the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Patient's Name:_____ Date: _____

Enter scores at time zero, 30min after first dose, 2 h after first dose, etc.

Times: _____ _____ _____ _____

Resting Pulse Rate: (record beats per minute) *Measured after patient is sitting or lying for one minute* 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120				
Sweating: *over past ½ hour not accounted for by room temperature or patient activity.* 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face				
Restlessness *Observation during assessment* 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 Unable to sit still for more than a few seconds				
Pupil size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible				
Bone or Joint aches *If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored* 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/ muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort				
Runny nose or tearing *Not accounted for by cold symptoms or allergies* 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks				

COWS / Flow-sheet format for measuring symptoms over a period of time

GI Upset: *over last ½ hour* 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 Multiple episodes of diarrhea or vomiting				
Tremor *observation of outstretched hands* 0 No tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching				
Yawning *Observation during assessment* 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute				
Anxiety or Irritability 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable anxious 4 patient so irritable or anxious that participation in the assessment is difficult				
Gooseflesh skin 0 skin is smooth 3 piloerrection of skin can be felt or hairs standing up on arms 5 prominent piloerrection				
Total scores **with observer's initials**				

Score:
5-12 = mild;
13-24 = moderate;
25-36 = moderately severe;
more than 36 = severe withdrawal