MONTANA STATE PRISON
OPERATIONAL PROCEDURE

Procedure:	**MSP HS F-04.0 MEDICALLY SUPERVISED WITHDRAWAL AND TREATMENT**
Effective Date:	11/01/2010 Page 1 of 2
Revision Date(s):	12/31/2019; 06/30/2026
Public Safety Chief Signature:	/s/ John Schaffer, Public Safety Chief
Medical Director Signature:	/s/ Dr. Paul Rees, MD
Health Services Bureau Chief Signature:	/s/ Cynthia McGillis-Hiner, RN, MSN

I. PURPOSE

Identify inmates exhibiting signs and symptoms of acute withdrawal during the MDIU intake/receiving screening process and detoxify identified inmates from the addictive substance under close supervision.

Identify inmates who have alcohol or other drug addiction problems and address associated medical issues.

II. DEFINITIONS (see Glossary)

III. REQUIREMENTS

A. Specific Requirements

1. Upon admission, each inmate will be assessed for substance use disorders and health concerns relating to the withdrawal and detoxification process as part of the routine nursing intake assessment and mental health screening.
   a. The Clinical Opiate Withdrawal Scale (COWS) is used to measure the severity of opiate withdrawal symptoms.
2. As part of the new employe orientation process, correctional officers will be trained in recognizing:
   a. the signs and symptoms of intoxication and withdrawal; and
   b. increased risk for potential suicide due to intoxication and withdrawal.
3. Nursing staff will use applicable nursing protocols when assessing inmates who are:
   a. experiencing symptoms of alcohol and drug withdrawal and detoxification; and
   b. actively under the influence of drugs and/or addictive medications.
4. Affected inmates will be:
   a. referred to a provider for specific treatment modalities; and
   b. if applicable, admitted to the Infirmary for observation and assessment throughout the withdrawal and detoxification period, per the provider's orders and under provider supervision.
      1) If the provider determines the inmate needs more intensive treatment for acute life-threatening symptoms than 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 (QHCP) 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; and
   c. provided treatment for methadone withdrawal syndrome per current treatment standards and provider supervision.
      1) If the provider determines the inmate needs more intensive treatment for acute life-threatening symptoms than Infirmary services can provide, the inmate will be transferred to the nearest hospital for acute management of symptoms.

6. Every inmate identified as experiencing withdrawal will be referred to:
   a. mental health staff based on the patient's status; and/or
   b. substance use disorder treatment staff for substance abuse information and possible recommendation for substance use disorder programming.

7. Documentation of referrals and individual education will be added to the progress note in the patient's EHR.

IV. CLOSING

Questions about this procedure should be directed to the Medical Health Services Manager.

V. REFERENCES

A. *DOC 5.4.1 Offender Program Approval Process*
B. *NCCHC Standard P-F-04, 2018*
C. *Guidelines for Disease Management*
D. *Alcohol Detoxification and Opioid Detoxification Guidelines*