# North Carolina Department of Public Safety

### **Alcoholism and Chemical Dependency Programs**

## **DART Cherry**

### **MEDICAL SERVICES**

The following protocols are presented as a general medical guideline for admission and participation into the program, but should not be considered as all-inclusive. Where there is doubt concerning a candidate's appropriateness for the DART Cherry program, we encourage you to call and consult with the DART Cherry facility about the individual circumstances surrounding the referral. The call could prevent the need for a trip to the facility to pick up a discharged referral.

#### MEDICAL STAFF

DART Cherry provides on-site medical services with a Psychiatrist, a Physician, a Physician Extender, and Registered and Licensed Nurses. Primary nursing services are offered at a minimum of 8 hours a day, 5 days a week. However, medical staff remains on call 24 hours a day and 7 days a week for medical emergencies.

#### MEDICAL LIMITATIONS

DART Cherry is equipped to treat individuals with minor medical problems such as colds, skin rashes, fungal infections etc. and to provide medical services for minor injuries and illnesses which may occur during the individual's stay. DART Cherry is further equipped to medically manage more serious conditions as long as the referral is on a stabilizing medical regimen upon arriving at the facility. **All such referrals should bring a full supply of medications needed for the 90 Days of expected treatment participation.** 

NOTE: Blister packaging with multiple medications cannot be dispensed at DART Cherry. Blister packaging containing any single medication is acceptable.

Three primary areas of concern are taken into consideration in assignment to the facility and are discussed as follows:

- **I. Debilitating Factors:** if a referral has a pre-existing condition that severely limits participation in program activities or requires intense, personal, "around the clock" care or assistance (i.e. hospital care and/or outpatient treatment with follow up).
  - A. Referral requiring **detoxification**. DART Cherry does not have a detoxification unit however, gradual detoxification from alcohol and addictive drugs can be accomplished under medical supervision whenever a clinical decision is made that a resident is manifesting minor withdrawal symptoms (i.e. referral is an intermittent heavy user and/or has been drug and alcohol free for at least two weeks prior to admission with no significant physical symptoms). Referrals requiring **intensive detoxification** (i.e. referral has been a heavy user for an elongated period with no significant break in usage up to time of admission), requiring hospital accommodations and monitoring are not appropriate for assignment to the facility.
  - B. DART Cherry is an 'abstinence-based' substance abuse treatment program. In the event medication is needed to control chronic pain, a non-narcotic pain reliever may be provided.
  - C. If an individual has any condition requiring hospital care or immediate medical care outside the *scope of services* provided by DART Cherry (i.e., injuries requiring immediate x-ray, **unstable** critically high blood pressure, critical heart conditions, etc.), the referral is not appropriate for assignment to the facility. It should be noted that such critical conditions, will more often exacerbated by the high stress levels created when one is placed in an intense and highly structured treatment environment.
  - D. Individuals with *pre-existing appointments* with their primary physician or other health care providers should satisfy, postpone or cancel (if medically appropriate) all such appointments before coming to DART Cherry. This is an issue of "managed care" that should be met before or after treatment services have been

#### provided.

- **II. Stabilization:** Individuals arriving at the facility with diagnosed pre-existing medical and/or mental health pathology who are in stable condition are, with few exceptions, appropriate for the DART Cherry program. Primary consideration is given to mobility, cognition, coherency and comprehension when assessment of mental status is made.
  - A. Medical staff will continue *medical regimens* to maintain medical and/or mental health stability as prescribed by the individual's primary physician after a full assessment has been conducted by a DART Cherry Physician. \*\*\*Individuals should bring a 90-day supply of all prescription medications or have refills available\*\*\*
  - B. *Special accommodations* are made for residents whose medical condition requires a regimen of light duty activities (i.e., resident with history of heart problems and is on glycerin regimen will be given an elevator pass, light cleaning duties, and exempted from strenuous physical activities.)
  - C. DART Cherry is a *handicapped accessible* facility. Referrals in wheelchairs who are otherwise able to participate in treatment activities may be appropriate for DART Cherry.
  - D. All residents are treated with universal precautions. Individuals with known *HIV/AIDS* that are current with their labs and clinic visits are appropriate for DART Cherry when in a stabilized condition. Where medical costs (medicines) are high, every attempt will be made to assist these residents with community resources.
  - E. DART Cherry does not have a Methadone maintenance program or a Suboxone program.
- **III. Cost:** DART Cherry is a residential community-based substance abuse treatment facility within the Alcoholism and Chemical Dependency Programs Section under the jurisdiction of the Department of Public Safety. **However, medical costs are not assumed by the State for major medical and/or mental health care.** DART Cherry is **not** required to provide extensive, major medical care. All individuals should be aware that vision, dental, and major health care problems will **not** be addressed at the expense of DART Cherry or the State of North Carolina. Residents assessed with such conditions will be discharged and referred for hospital care or back to their primary physician.

DART Cherry health care protocol and policy is as stated and further includes or exempts the following:

- A. **Physical exams**, to include blood work and urinalyses are standard protocol for all residents assigned to DART Cherry and therefore these costs are assumed by the State.
- B. Emergency room services are assumed by the State. In-hospital stays are not. When a resident is admitted to the hospital, he is discharged from DART Cherry and hospital costs are assumed by the resident either through personal or family resources. Individuals at high risk for major medical crisis when placed in a new and stressful environment should be considered for other alternatives to the DART Cherry program.
- C. **Inexpensive prescription medication** costs **may** be assumed by DART Cherry within limits and in certain urgent situations. Referrals on large amounts of medicine or medicines with high costs must bring their supply or have the means to pay for refills themselves (i.e. private insurance, cash, etc.)
- D. All residents with **vision and dental care** needs will be referred to local community resources at the resident's expense.
- E. **Over-the-counter medicines** such as non-aspirin pain relievers, non-alcoholic cough syrup (Robitussin), antacids etc. are provided by the facility.

## Medications NOT Accepted

Brand Name	<u>Generic Name</u>
Ambien	Zolpidem Tartrate
Anexsia	Hydrocodone Bitartrate/Acetaminophen (APAP)
Ativan	Lorazepam
Avinza	Morphine Sulfate
Combunox	Ibuprofen/Oxycodone
Dalmane	Flurazepam
Darvocet A500	Propoxyphene/APAP
Darvocet N	Propoxyphene/APAP
Demerol	Meperidine HCL
Dilaudid	Hydromorphine HCL
Doral	Quazepam
Duragesic	Fentanyl
Halcion	Triazolam
Imitrex injectable (?)	Sumatriptan Kadian Morphine Sulfate
Klonopin	Clonazepam
Librium, Librax	Chlordiazepoxide
Lorcet	Hydrocodone/APAP
Lortab	Hydrocodone/APAP
Lunesta	Eszopiclone
Lyrica	
Methadose/Dolophine	Methadone
MS Contin	Morphine Sulfate
MSIR	Morphine Sulfate
Muscle relaxants	e.g. Baclofen, Flexeril (Cyclobenzaprine), Robaxin (Methocarbamol), Soma
	Compound/Codeine (Carisoprodol/Codeine/Aspirin), Soma Compound
	(Carisoprodol/Aspirin)
Neurontin	Gabapentin (except as ordered by psychiatrist)
Norco	Hydrocodone acetaminophen
Oramorph SR	Morphine Sulfate
Oxycontin	Oxycodone HCL
Oxyfast	Oxycodone HCL
Percocet	Oxycodone/APAP
Percodan	Aspirin/Oxycodone
Prosom	Estazolam
Provigil	Modafinal
Restoril	Temazepam
Roxicet	Hydrocodone HCL/APAP
Sonata	Zaleplon
Suboxone	Buprenorphine HCL and Naloxone HCL dihydrate
Subutex	Buprenorphine HCL
Tylenol with Codeine	Acetaminophen/Codeine
Tylox	Oxycodone/APAP
Ultram	Tramodol
Valium	Diazepam Uvdesesdene Bitertrete (ABAB
Vicodin	Hydrocodone Bitartrate/APAP
Vicoprofen	Ibuprofen/Hydrocodone Bitartrate
Xanax	Alprazelam Hudrogodona Pitartrata/APAP
Zydone	Hydrocodone Bitartrate/APAP

\*Narcotics/Controlled Medications are too numerous to name them all; therefore other medications not on the list Page 3 of 4 Last Update: 04/25/2019 may be prohibited. Please contact DART Cherry if you have questions.