North Carolina Department Of Public Safety
Prison

SECTION: Care and Treatment of Patient -Activities of Daily Living

POLICY # N-5

SUBJECT: Management of Offender's Refusing to Eat

EFFECTIVE DATE: May 2014
SUPERCEDES DATE: October 2012

References

Related ACA, NCCHC Standard

4th Edition Standards for Adult Correctional Institutions 4-4224, 4-4348
2008 Edition Standards for Health Services in Prison, P-I-05

PURPOSE

To provide guidelines for the medical and administrative management of offender's who refuse to eat

POLICY

In the absence of adequate nutritional intake, malnutrition can develop and sometimes lead to impaired tissue and organ function. Although this form of malnutrition can usually be easily resolved with rapid correction of nutritional deficits, chronic malnutrition, most often associated with severe medical and psychiatric conditions, as well as hunger strikes, may occur. This may lead to depletion of tissue energy stores and loss of protein, resulting in organ and immunologic dysfunction.

DEFINITIONS

Hunger strike: Refusal to eat or accept hydration for a period of at least 72 hours

Involuntary feedings: Nutritional supplementation using parenteral (IV) fluids or enteral (gastrointestinal) feedings utilizing a nasogastric (NG) tube, gastrostomy tube or jejunostomy tube.

Nourishment- Refers to food consistent with offender's current dietary plan/requirements.

DECLARATION OF HUNGER STRIKE

A. Offender communicates to staff that he/she has declared a hunger strike and he/she is observed by staff to be refraining from accepting nourishment and/or hydration for at least 72 hours.

B. Offender is observed by custody or medical staff to not accept nourishment and/or hydration for at least 72 hours.

PROCEDURES

OUTPATIENT MANAGEMENT

A. Health Services provider staff will be notified by nursing and custody staff as soon as possible (within 24 hours or the next working day) following an offender's refusal of/or oral nourishment and/or fluids for 48 hours so that close monitoring can begin prior to possible declaration of a hunger strike.

B. Upon the declaration of a hunger strike, the Facility Health Services staff will:

1. Review the offender's medical record
    a. Look for evidence of any chronic medical condition(s) which could be aggravated by refusing to take nourishment (examples: diabetes mellitus, coronary artery disease, etc.).

2. Advise the offender of the potential physiological effects which may result from refusal to accept nourishment
3. Encourage the offender to begin nourishment and hydration which will be offered at regularly scheduled meal times
4. Modify any existing treatment plan if a chronic medical condition exists which may be adversely affected by the offender's refusal to accept nourishment or hydration; modification may include need for hospitalization
5 Consult mental health for evaluation and assessment
6. Consult medical provider for evaluation and orders for daily assessment
7. Document baseline
    a. Vital signs
    b. Weight
    c. CBC and metabolic panel
    d. Urinalysis
8. Monitor these parameters daily
    a. Vital signs
    b. Weight
    c. Glucose (fingerstick)
    d. Urinalysis for ketones (urine dipstick)
9. Document all of the above (4 - 7) on form DC 487, Offender Hunger Strike Information now done on EHR.

C. Mental Health Evaluation
1. The offender will be referred for a mental health evaluation if he/she fails to eat for 72 hours.
2. If it is determined by mental health evaluation that the offender has made a voluntary decision and has no mental disorder which impairs his/her ability to appreciate the risks inherent in continuation of hunger strike, the offender will be permitted to continue with his hunger strike.
3. If it is the opinion of the reviewing mental health staff that such a refusal is a result of a mental disorder which impairs the offender's ability to appreciate risks inherent in continuation of hunger strike, the offender will be referred/transferred to an appropriate inpatient setting for intensive psychiatric/medical management, consideration for possible guardianship, and forced intervention as deemed appropriate by the responsible health authority at the inpatient facility.

D. The superintendent of the facility, in consultation with facility health authority, will determine the optimal place of housing for the purpose of monitoring the offender who remains at the facility. If housed in segregation, the daily segregation log (DC-141) will be reviewed by nursing for documentation of any nourishment or liquids that may have been consumed.

E. If the patient's medical condition deteriorates such that a serious medical outcome can be anticipated, the patient will be referred to an inpatient treatment facility for observation and further medical management.

INPATIENT MANAGEMENT

A. Upon admission to the inpatient facility, the offender will receive a full medical and mental health evaluation.
    1. Medical evaluation includes, but is not limited to:
        a. Physical exam
        b. Vital signs, including weight
        c. CBC, metabolic panel
        d. Albumin

e. Urinalysis
f. Other laboratory and diagnostic radiologic studies as clinically indicated
g. Education on anticipated outcomes of continued hunger strike

2. Mental Health evaluation includes, but is not limited to:
    a. Assessment of mental status
    b. Psychiatric/psychological history
    c. Competency determination
        1. Competency determinations require two written psychiatric evaluations, of two doctoral-level clinicians, one of whom must be a physician (e.g., two physicians or one physician and one doctoral level psychologist and one of whom must be from outside the inpatient facility
        2. If deemed incompetent, the inpatient psychiatrist will immediately notify his/her clinical chain of command and administration of this finding of incompetency. The inpatient social worker will then be directed by the Chief Mental Health Officer/designee to petition the court for guardianship.
        3. While seeking guardianship, should medical emergency occur, offender will be managed as noted below.

B. Medical Management

1. Offender will be monitored daily by nursing and provider staff
2. Offender will be offered an adequate supply of nourishment and fluids during regular feeding times.
    a. The physician may authorize more frequent nourishment and fluids
    b. No canteen or private food supplies will be offered while offender is on hunger strike
3. Daily parameters to be monitored and documented include, but are not limited to:
    a. Vital signs
    b. Weight
    c. Urinalysis
    d. Mental status
    e. Other laboratory and radiologic studies as clinically indicated
4. At the time of admission to inpatient facility, the medical provider will determine the frequency for monitoring based on the offender's condition.
5. Reasonable efforts should be made daily to convince offender to end hunger strike. This includes the nurse and provider :
    a. Offering meals and fluids
    b. Discussing with offender the present consequences of refusing to eat
    c. Discussing with offender the potential future consequences of refusing to eat
6. During the continuation of a hunger strike, should the offender become unstable (i.e. hypoglycemia, dehydration, hypotension, change in mental status, etc.) and a serious medical situation that may be life threatening occurs, glucose and intravenous (IV) fluids may be administered without the offender's consent and:
    a. Warden/designee will be notified that hunger strike has reached this level of intervention
    b. Warden/designee will notify custody chain of command.
    c. Chief Medical Officer/designee will notify healthcare chain of command.
    d. Offender will be placed on seriously ill list and other notification will be made based on current NCDPS policy.

e. Use of force may be utilized to provide IV therapy
f. All use of force will follow Department procedure
g. IV therapy will continue until offender becomes stable

7. Once offender is stable again, the following will occur:
    a. Offender will be counseled again on severity of medical condition
    b. Counseling will be documented in the offender's medical record.
    c. Counseling will be conducted (videotaped) to explain what future medical management, will be instituted, to include involuntary feeding (insertion of a nasogastric [NG] tube.)
        1. Present at videotaped counseling session will be Warden/designee, onsite Chief Medical and Mental Health Officers/ designees, Chief of Health Services/designee
        2. Counseling will explain:
            a. Necessity of tube feedings
            b. Anticipated length of tube feedings
            c. Explanation of how NG tube is inserted (NG tube should be in hand and visible to offender)
            d. Anticipated Use of Force to place tube should that become necessary
    d. Warden/designee may seek involvement from offender family or attorney(s) to:
        1. Discuss severity of current condition
        2. Encourage offender to end hunger strike

INVOLUNTARY FEEDINGS

A. NCDPS Legal Counsel will be notified of pending necessity for involuntary feeding.
    1. Medical staff will not delay or suspend involuntary feedings following notification of legal, when life threatening condition or permanent damage to offender's health may occur.
    2. Legal will address any issues or concern they have relative to pending necessity of involuntary feedings.
    3. Legal will determine if legal representative or others, in the case of a safekeeper, may need notification prior to implementation of involuntary feeding.
        a. The Warden in consultation with NCDPS legal will determine if local law enforcement will need to be notified.

B. Involuntary feedings (IV and NG tube) may only be initiated and discontinued following physician order.
C. NG Tube(s) may be placed by a physician, physician extender or RN with documented competency in placement; all clinical staff who insert NG tubes, must be approved by Chief Medical Officer at the inpatient facility.
D. A medical provider must be present at time of nasogastric tube placement if placement is done by a nurse or physician extender.
E. Restraints may be required to maintain involuntary feedings.
    1. Departmental restraint policies will be followed if restraints are utilized.
    2. Restraints will be removed when offender voluntarily consumes adequate oral food and fluids.
F. Medical staff will continue clinical and laboratory monitoring until offender's life and/or permanent health is no longer threatened.
G. Mental Health staff will continue follow-up as needed.

H. Discontinuation of involuntary feedings by the medical provider occurs when offender demonstrates all of the following:
   1. Significant weight gain
   2. Stable vital signs
   3. Normal laboratory studies
   4. Adequate oral food and fluid intake

MEDICAL JUDGMENT

A. The procedures and guidelines in this policy do not supersede or limit sound medical judgment.
   1. Physician responsible for care of offender refusing food must review all documented information related to offender on hunger strike daily.
   2. Each case of hunger strike will be managed based on needs of the offender.

B. In case of medical emergency, all necessary steps, including involuntary feedings and/or hydration, will be taken to address the emergency and safeguard the life and health of the offender.
   1. Such emergency need will supersede the requirements of this policy

C. Treatment will continue until such time the offender:
   1. Is medically stable and
   2. Voluntarily consumes oral nutrition and fluids for 72 continuous hours

D. Following discharge from inpatient setting, facility healthcare staff will monitor offender's weight weekly for eight weeks to document health maintenance.

Paula Y. Smith, M.D.

May 15, 2014

Paula Y. Smith, Chief of Health Services Date

SOR: Chief of Health Services

Addendum:
Form DC 487 Hunger Strike Monitoring