

**OREGON DEPARTMENT OF CORRECTIONS**  
**Operations Division**  
**Health Services Section Policy and Procedure #P-G-05.1**

SUBJECT: MANAGEMENT OF INMATE HUNGER STRIKES

POLICY: Upon notification of an inmate engaging in a hunger strike, DOC Health Services will monitor and ensure that procedures are initiated to preserve life.

REFERENCE: OAR 161.205 (4)  
NCCHC Standard P-G-05

DEFINITIONS:

**Hunger Strike.** An elective behavior by an individual to refuse the consumption of fluids or food for longer than 48 hours.

PROCEDURE:

A. Evaluation

1. Upon notification of an inmate engaging in a hunger strike, Health Services will interview the inmate and obtain a baseline evaluation to include:
  - a. Weight/Height
  - b. Blood Pressure, Pulse and UA
  - c. Level of Hydration
  - d. Solicit Information Regarding Reason for Hunger Strike
  - e. Health Status Assessment
  - f. Chronic Disease History
  - g. Suicide Risk Assessment
2. Usually the baseline evaluation should be completed within 72 hours of the notification. If the inmate has a pre-existing chronic medical condition, the baseline nursing evaluation should be done within 12-24 hours of notification. If an inmate is refusing medication relating to his chronic disease, the practitioner should be notified for specific orders.
3. Based upon the clinical findings of the assessment, the nurse is to:
  - a. schedule the inmate with a practitioner for a physical exam.
  - b. refer the inmate to CTS for a mental health evaluation and/or for consultation.
  - c. provide education regarding the negative health effects of long term fasting and dehydration and document as such.

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4. Document in the inmate's health care record:
  - a. Time/Date Health Services notified.
  - b. Date of inmate's most recent nourishment and fluids.
  - c. Results of the baseline evaluation.
  - d. Date practitioner and mental health evaluations are scheduled.
  - e. Notification of Health Service Manager, Chief Medical Officer if necessary.

### B. Notification

1. The Health Service Manager is to be notified of an inmate engaged in a hunger strike at the earliest convenience.
2. The Chief Medical Officer is to be notified of the results of the baseline evaluation, practitioner and mental health evaluations.
3. The Superintendent or designee are to be provided with an assessment of the inmate's status upon completion of the initial assessment and periodically thereafter.
4. The Health Service Manager and Chief Medical Officer shall confer as needed with the Superintendent or designee on issues of the inmate's management during the hunger strike.

### C. Monitoring Inmates Whose Hunger Strike Exceeds 72 Hours

1. At least three times per week evaluate the inmate's condition and the results will be documented in the health care record. The evaluation will include:
  - a. Vital signs
  - b. Weight
  - c. UA (specific gravity, PH, Ketones) (if specimen obtainable voluntarily)
  - d. Mental Status (Examples: activity level, conversation level, alertness, appropriateness of speech)
  - e. Hydration Level (Examples: mouth/eye moisture, skin turgor, frequency of urination)
2. Schedule the inmate to be seen by the practitioner weekly or as otherwise directed by written order for medical evaluation. Lab studies will be completed as directed by the practitioner; multichemistry panel with BUN, CR and electrolytes should be completed at least weekly. Refusals of lab studies will be reviewed with the practitioner.

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3. The mental health provider will consult with the Health Services Manager regarding the outcome of the mental health evaluation and if any mental health services are needed.
4. Inmates may remain in their housing assignment unless in the opinion of the practitioner or nurse, the inmate's condition requires closer monitoring. At this stage, the inmate may be housed in an area where medical care is provided to ensure closer observation of his/her medical condition. The monitoring will be done daily and include the evaluation described in Section C.1.
5. Nursing staff will arrange for the inmate to be offered food and fluids each shift. All refusals and/or acceptances of any food or liquid items are to be documented.

### D. Consultation

1. The Health Services Medical Director may be contacted for further discussion concerning forceful medical intervention or non-intervention.

Effective Date: \_\_\_\_\_

Revision date: February 2007

Supersedes P&P dated: November 2006