

# Hunger Strike, Fasting, and Refeeding Care Guide

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CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES

## SUMMARY

Italicized words indicate language taken directly from the Mass Organized Hunger Strike Policy, IMSP&P, Volume 4, Chapter 22.4

### GOALS

- ✓ Provide appropriate medical care to patients participating in a hunger strike
- ✓ Identify patients at risk during fasting
- ✓ Identify patients at risk for refeeding syndrome
- ✓ Safely refeed patients after fasting

### ALERTS

- Body Mass Index (BMI) under 18.5
- Food refusal  $\geq$  28 days
- Medical or mental health comorbidity
- Fluid refusal

### Definitions

Individual Hunger Strike: The conscious decision to refuse food or fluids for political, mental health or other grievance related reasons.

Individual Hunger Strike Participant: An individual inmate who is identified by California Department of Corrections and Rehabilitation (CDCR) custody staff as a participant in a hunger strike.

Mass Hunger Strike: An organized hunger strike including multiple inmates with a common goal and set of demands.

Mass Hunger Strike Participant: An inmate who is identified by CDCR custody staff as a participant in a mass organized hunger strike.

Refeeding Syndrome (RFS): Refeeding syndrome describes a potentially fatal medical condition that may affect fasting, malnourished and/or ill patients in response to feeding. (See page 7)

## DIAGNOSTIC CRITERIA/EVALUATION OF FASTING AND REFEEDING SYNDROME

### FASTING

Patients may be at high risk for complications from fasting with any of the following:

- Pregnancy
- Elderly ( $\geq$  65 years of age)
- Baseline BMI less than 18.5 kg/m<sup>2</sup>
- Taking medications that may pose a risk during prolonged fasting (e.g., insulin, antacids, diuretics).
- Chronic medical conditions such as: diabetes, hypertension, cancer, malabsorption, end stage liver disease, renal disease, inflammatory bowel disease, congestive heart failure, ischemic heart disease, etc.

### REFEEDING SYNDROME

Negligible Risk

Less than 15 days of hunger strike participation without identified medical risks of fasting.

Modest Risk

- Patients requiring monitoring due to medical risks.
- Patients with:
  - A BMI  $> 16$  but  $\leq 18.5$  kg/m<sup>2</sup> during food refusal.
  - Loss of  $> 10\%$  but  $\leq 15\%$  of body weight during food refusal.
  - Food refusal of 15-28 days.

High Risk

- BMI  $\leq$  16 kg/m<sup>2</sup>
- Weight loss > 15% of body weight since starting food refusal.
- Low potassium, magnesium, or phosphate levels before resumption of feeding.
- Food refusal for more than 28 days.
- Medical or mental health conditions creating high risk of complications from fasting.

## TREATMENT SUMMARY

1. *Designated licensed health care staff shall observe all participants daily and determine any need for immediate medical attention. (Sec. III.C.5)*
2. Health information on starvation, refeeding, and patient care resources should be distributed to hunger strike participants within one week of notification by custody of a hunger strike participant.
3. *When custody notifies health care executives of mass hunger strike participants, staff shall adhere to the following timelines:*  
*Within 72 hours:*
  - a. *Health care staff shall review the health record to determine if the participant is at a high-risk for complications of starvation and refeeding.*
  - b. *Some high-risk participants may be scheduled for a PCP visit, vital signs, and Body Mass Index (BMI) determinations.*
  - c. *Refusals shall be documented in the health record.*
  - d. *If participants are prescribed high-risk medications, a PCP may discontinue or adjust the medication dosage without a PCP visit.*
  - e. *Participants shall be notified in writing regarding medication changes. (Sec. III.C.7.b)*
  - f. *Individual hunger strike participants who are in the MHSDS or DDP will undergo mental health evaluations.*
4. *Within seven calendar days, the participant shall be scheduled for a face-to-face triage assessment by an RN who shall provide education on the adverse effects and risks of fasting and the refeeding syndrome. (Sec. III.C.7.c)*
5. *The CME or designee may decide, based on a participant's health care condition, to either place the participant in an Outpatient Housing Unit or to immediately transfer to a licensed health care facility (for services that are not available at the institution). (Sec. III.D.1)*
6. *After 14 calendar days, and at least weekly thereafter, health care staff shall schedule all identified participants (even if not in a high-risk group) for a PCP visit which will include a BMI determination. (Sec. III.C.7.d)*
7. *After the initial 72-hour evaluation, participants in the MHSDS or DDP shall have a mental health evaluation scheduled every 14 calendar days or more frequently, as clinically indicated. (Sec. III.C.7.e)*
8. *After 21 calendar days of participation in a hunger strike, participants shall be provided with written information about advance directives and the CDCR 7465. (Sec.III.C.7.f)*
9. Refeeding:
  - Negligible Risk:** participants can eat and drink freely and require no specific monitoring.
  - Modest Risk:** most participants may be refed with modified CDCR heart healthy diet for the first 48 hours by providing "1/2 CDCR diet."
  - High Risk:** refeeding will usually occur in a licensed medical setting. Intake is increased from 10 kcal/kg/day to 30 kcal/kg/day over one week. Patients are monitored for fluid, electrolyte, and cardiac abnormalities. (See pages 4-5 for specific refeeding recommendations).