

Hunger Strike, Fasting, and Refeeding Care Guide

August 2018



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 ≥ 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 (≥ 65 years of age)
- Baseline BMI less than 18.5 kg/m^2
- 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 $\leq 18.5 \text{ kg/m}^2$ during food refusal.
 - Loss of $> 10\%$ but $\leq 15\%$ of body weight during food refusal.
 - Food refusal of 15-28 days.

High Risk

- BMI $\leq 16 \text{ kg/m}^2$
- 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. *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 refeed 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).