Subjective Data: Allergies: ________________

Chief complaint: ____________________________

Onset: __________ Refusal of: ☐ Solid Food ☐ All Liquids ☐ Solid food while ingesting: ☐ milk ☐ juices ☐ water ☐ broth

Current Problems: (list) __________________________________________

Baseline Evaluation:
Reason for the refusal:
When was the last time you ate? ____________________________
What was the last food you ate? ____________________________
How much fluid are you taking in? ____________________________
When was the last time you had a bowel movement? ________________
When was the last time you urinated? ________________
Are you refusal any prescribed medications or other treatments? ☐ Yes ☐ No If so “Why” ________________
Are you protesting something by not eating? ☐ Yes ☐ No If so, state? __________________________________________
Are you expecting permanent harm as a result of this hunger strike? ☐ Yes ☐ No If so, state? __________________________________________
Are you expecting to die as a result of this hunger strike? ☐ Yes ☐ No If not, how long do you intend to continue the hunger strike? __________________________________________

Current medications: __________________________________________

Objective Data:
BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ O2 sats. _____ FSBS: ______________

<table>
<thead>
<tr>
<th>Heart Rhythm</th>
<th>☐ Sinus Rhythm</th>
<th>☐ Tachycardia</th>
<th>☐ Bradycardia</th>
<th>☐ Arrhythmia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiration</td>
<td>☐ Even</td>
<td>☐ Uneven</td>
<td>☐ Labored</td>
<td>☐ Unlabored</td>
</tr>
<tr>
<td>Lung Sounds</td>
<td>☐ Clear</td>
<td>☐ Rhonchi</td>
<td>☐ Wheezes</td>
<td>☐ Rales</td>
</tr>
<tr>
<td>Abdomen</td>
<td>☐ Soft</td>
<td>☐ Firm</td>
<td>☐ Distended</td>
<td>☐ Tender to palpation</td>
</tr>
<tr>
<td>Bowel Sounds</td>
<td>☐ Normal</td>
<td>☐ Hyperactive</td>
<td>☐ Hypoactive</td>
<td>☐ Absent</td>
</tr>
<tr>
<td>Mucus membrane</td>
<td>☐ Moist</td>
<td>☐ Dry</td>
<td>☐ Distended</td>
<td>☐ Tender to palpation</td>
</tr>
<tr>
<td>Skin</td>
<td>☐ Warm</td>
<td>☐ Cool</td>
<td>☐ Pale</td>
<td>☐ Clammy</td>
</tr>
<tr>
<td>Skin color</td>
<td>☐ Pink</td>
<td>☐ Pale</td>
<td>☐ Flushed</td>
<td>☐ Cyanotic</td>
</tr>
<tr>
<td>Turgor</td>
<td>☐ Normal</td>
<td>☐ Decreased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOC</td>
<td>☐ Awake</td>
<td>☐ Alert</td>
<td>☐ Oriented X</td>
<td>☐ Lethargic</td>
</tr>
<tr>
<td>Appearance:</td>
<td>☐ No distress</td>
<td>☐ Mild distress</td>
<td>☐ Moderate</td>
<td>☐ Severe distress</td>
</tr>
</tbody>
</table>

CONTACT HEALTH CARE PROVIDER/CHSA AND QMHP IMMEDIATELY ON ALL HUNGER STRIKES: Health care provider/OMHP must be called if not on site or if after clinic hours.

Emergency department notification time: ________________ Transport time: ________________

Health Care Provider Notified: Date: ________________ Time: ________________

Orders Received for Treatment: ☐ Yes ☐ No

CHSA: __________________________________________ Notified: Date: ________________ Time: ________________

QMHP: __________________________________________ Notified: Date: ________________ Time: ________________

Plan: Interventions: (check all that apply)
☐ Obtain UA dipstick
☐ Encourage inmate to drink fluids in order to maintain hydration.
☐ Schedule appointment with health care provider within 72 hours.
☐ Assign note to Health Care Provider, CHSA and Qualified Mental Health Professional for review.
☐ Instruct inmate on living will/advanced directives.
☐ Education/Intervention: Instructed inmate on adverse effects of dehydration, starvation, and risks for complications, potential for injury due to weakness, dizziness, and/or confusion, re-feeding syndrome. Inmate verbalizes understanding of instructions.

Progress Note:
______________________________________________________________________________

Health Care Provider Signature/Credentials: __________________________ Date: ________________ Time: ________________

RN/LPN Signature/credentials: __________________________________________ Date: ________________ Time: ________________

Inmate Name: __________________________ (Last, First) DOC #