18th ANNUAL CONFERENCE

RIVER of DREAMS

envisioning best practices in trauma care
Shackled: What To Do When Your Patient Is A Prisoner

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Learning Objectives

1) Identify the key traumatic injuries involving those who are incarcerated.

2) Identify the most common issues trauma nurses will face when caring for a patient who is in legal custody.

3) Identify some common best practices that assist the trauma nurse in having a safe work environment when there is a prisoner on their unit/floor.
Learning Objectives

4) Describe how the discharge planning process is affected when your patient is involved in the legal system.
Disclosure Statement

The speaker discloses no conflict of interest relative to this educational activity.
Successful Completion

To successfully complete this course, participants must attend the entire event and complete/submit the evaluation at the end of the session.

Society of Trauma Nurses is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.
Temple University Hospital

- 607 beds
- 93 ICU beds
  - 36 trauma ICU beds
- 96,319 ED visits
- 17,000 EMS visits
- 20 OR rooms
- 2,400 trauma visits
- 1,574 PTOS
Why are we talking about this?
Why should we care about this?
Perceptions of Prisoners
Perceptions of Prisoners
James Earl Ray

- Died in prison on April 23, 1998 (70 yrs) from complications related to kidney disease, liver failure caused by hepatitis C.
- Needed to raise $250,000 for copay for liver transplant at Univ of Pittsburgh
Johnny Cash

- 1957 - played first prison concert at Huntsville State Prison in TX
- Performed & recorded at many prisons.
- Fought for prison reform. He proposed:
  - separation of first-timers and hardened criminals
  - reclassification of offences to keep minor offenders out of prison
  - focus on rehabilitation rather than punishment
  - counselling to prepare or outside world and reduce possibility of them reoffending
Famous Prisoners Still Incarcerated
Why Should I Care

• Humanitarian reasons
  – “The degree of civilization in a society can be judged by entering its prisons.”
    • Attorney General Robert F. Kennedy, 1961
• Societal financial cost
• Effect on broader society – “prison walls are permeable”....employees, lawyers, family, inmates, etc. Everyone’s health is impacted.
Epidemiology

- US has highest documented incarceration rate in the world.
- US Bureau of Justice – over 7.1 million people on probation, in jail or on parole at the end of 2012.
Epidemiology

- Pew Center report: 1 of every 100 adults in the US was incarcerated at some time.
- 95% of inmates will be released back into the community.
- 2.3 million American prisoners are actually incarcerated; average cost of about $25,000 per year/prisoner.
Epidemiology

- Recidivism remains high, and many reform programs were cut during the recession of 2009-2010.
- In 2011, the U.S. Supreme Court in Brown v. Plata upheld the release of thousands of CA prisoners due to CA's inability to provide constitutionally mandated levels of healthcare.
Epidemiology

**WHY ARE SO MANY BLACK MEN IN PRISON?**

A comprehensive account of how and why the prison industry has become a predatory entity in the lives of African American men and how mass targeting, criminalization, and incarceration of black male youth has gone toward creating the largest prison system in the world.

DEMICO BOOTHE

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**Chart: America's male prisoners per 100,000 population by race and ethnicity, 2006**

- **Black men**: 4.8%
- **Hispanic men**: 1.9%
- **White men**: 0.7%


Percentages of black and white men exclude Hispanic men.
Some states are spending more and more on inmates who are less and less of a treat to public safety. 
- Avg cost is $70,000 for older inmates (2-3X that of a younger prisoner).
- Needs related to dementia and end-of-life care will increase 173% over next 10-15 years.
- Ethical and legal implications will increase as well with an aging prison population.
Definitions

• Jail – houses criminals for less than a year or until the inmate is sentenced. Usually run by the county or a city.

• Prisons – managed by the state or fed gov and used for long term incarcerations.
Types of Prisons

- Juvenile Detention Centers
- Local
- County
- State
- Federal
- Private
- Military
Levels of Prison Security

• Minimum:
  – have dormitory housing
  – relatively low staff-to-inmate ratio
  – limited or no perimeter fencing
  – are work and education oriented.
Levels of Prison Security

- Low
  - have double-fenced perimeters
  - mostly dormitory or cubicle housing
  - strong work and education components
  - staff-to-inmate ratio in these institutions is higher than in minimum security facilities
Levels of Prison Security

• Medium:
  – have strengthened perimeters (often double fences with electronic detection systems)
  – mostly cell-type housing
  – a wide variety of work and treatment programs
  – higher staff-to-inmate ratio than low security institutions and even greater internal controls.
Levels of Prison Security

• High or Maximum:
  – have highly secured perimeters (walls or reinforced fences)
  – multiple and single-occupant cell housing
  – highest staff-to-inmate ratio
  – close control of inmate movement
Healthcare

- “Adequate healthcare” for prison inmates is federally mandated.
- Based 8th amendment of Constitution which prohibits cruel and unusual punishment of those convicted of a crime.
Healthcare

• Prisoners will:
  – always be given food and fluids even against their will
  – be forced to take medication and treatments
  – lose their right to make medical decisions
  – may have to assume the cost of their healthcare (glasses, dentures, transportation, etc)
Healthcare

• General legal principle is that the courts will compel an inmate to submit to medical tx as long as it furthers a legitimate state or penological interest.
• Most prisoners want medical care and want it in a non-correctional setting.
• Health care reform will assist those in prison and on parole.
Case Study # 1

• 57 year old male with hx of untreated chronic hep C virus, chronic schizophrenia is transferred from prison to a hospital for evaluation due to a fall.
• It is a very hot day. Said he felt dizzy and fell down metal stairs striking his head and injuring his R ankle.
• He has a large actively bleeding head laceration and a grossly deformed R ankle with weak pulses.
• He has 3 extremities shackled and three guards with him.
Case Study # 1

• PMH: hospitalized about a year ago for community acquired pneumonia.

• Admitted feeling as though his heart was not beating right “palpitations and then real slow” for weeks. Had tried to walk to infirmary twice but not successful.

• Had ORIF of ankle. Had arrhythmia in PACU. Cardiology work up done and recommend a pacemaker.

• Always has L leg shackled and 2 guards with him.
Case Study # 1

• Prison says medical work-up can wait; be done in prison. Just fix ankle and send him back.

• Pt cannot bear weight for 4 weeks and will then need PT. Pt will stay in infirmary for 4 weeks and will then be walked around infirmary but there will be no official PT.

• Cast will be cut off on return visit to ortho clinic. Pt can not use walker or cane while in general population. Will lose cell and bunk mate.
Case Study # 2

- 36 year old male is involved in an altercation and has his throat cut. PMH: 3 GSWs in past
- Arrives at trauma center intubated but has hemorrhaged due to neck vessels being injured.
- Trauma team does surgery but pt. has significant hypoxic injury. Team does not wish to pursue aggressive medical tx. Family has arrived and they do not wish to pursue aggressive medical tx.
Case Study # 2

- Prison staff insist that maximum resuscitative and therapeutic measures be done.
- Hospital staff consults ethics comm and legal counsel but neither they nor the family can legally supercede state authority that mandates full medical care.
- Pt was trached and pegged on hosp day # 7. He has minimal reflexes, renal failure starting, organ procurement team turns him down.
Case Study # 2

• No specific person or committee was sanctioned by the correctional facility to make medical decisions on pts behalf so the policy of “do everything” continued.

• Only possibility was convening an emergency parole comm mtg to determine that the pt. had less than 6 months to live and request permission to transfer pt. to hospice care.

• Parole boards are political committees and very bureaucratic. Hearings are a slow process and would not stop the aggressive care going on in ICU.
Case Study # 2

• Hospital CEO and a trustee contacted the governor's office who talked with someone from the board of prisons who talked with.....

• Ultimately the prison agreed to withdraw care. Pt’s family could not afford a lawyer, had been attempting to get pro bono one for withdraw of care.

• Pt sedated, removed from ventilator on hospital day # 14 and died peacefully.
Hospital Considerations

• Hospital healthcare workers strive to preserve pts right to self-determination and ability to evaluate risks or benefits of proposed medical care.

• Healthcare decisions should be guided by “what is in the pt’s best interest?”

• Decisions that shorten prisoner’s life are not viewed favorably as the prisoner needs to serve out their sentence.
Hospital Considerations

• Healthcare providers usually have no desire to “cheat” the state of seeing justice is done and that guilty parties are punished.
Health Issues

• Higher incidence of physical and mental health problems than the general population.
• Significant incidence of psychiatric disorders and drug and alcohol abuse.
Psychiatric Illnesses

- Depression
- Bipolar disorder
- Schizophrenia
- All can be successfully treated with medication, therapy and a healthy environment.
Psychiatric Illnesses

- Inmates with a mental condition at time of their arrest, those taking their meds at time of arrest:
  - 25.3% federal
  - 29.6% state
  - 38.5% local jail

- After arrest and imprisonment.....the following #'s were taking their meds:
  - 69.1% federal
  - 68.6% state
  - 45.5% local jail

Psychiatric Illness

“Many prisons are holding and treating many mentally ill people who were off treatment at the time of their arrest.”

Treatment Advocacy Center (2007) –

-“The nation’s jails and prisons have become, de facto, the nation’s largest psychiatric hospital.”
Communicable Diseases

- All inmates should be routinely screened for diseases due to close crowded quarters, illicit drug use and unprotected sex
  - HIV
  - Hepatitis B
  - Hepatitis C
  - TB

- Environmental conditions (i.e. poor ventilation, poor hygiene overcrowding) can escalate spread of disease.
  - Flu
  - Pneumonia
  - Skin issues (scabies, lice, impetigo, athlete’s foot, ring worm, jock itch, thrush, vag yeast infect, etc)
Other Health Issues

- Stabbings
- Assaults
- Falls
- Suicide attempts
- Cardiac issues (MI, CHF, pulm edema)
- Seizure activity
- Sexual assaults
- Burns from cooking, laundry, welding, etc
Case Study # 3

- 77 year old man slips and falls and fxs his humerus. Has some facial contusions and a black eye as well.
- Arrives in shackles with 2 guards. Admitted for ORIF. While having pre-op work-up, labs are off and requires medical work-up.
- Pt needs to sleep on several pillows, has enlarged prostrate and poor dental hygiene.
Case # 3

- Prison MR says pt refused to take lasix (BR issue) and has episodes of CHF. Tagged as FF in infirmary.
- Pt is estranged from his children and his older sister passed away 2 years ago. He has hearing issues and cannot read or see TV because he cannot afford glasses.
- Does not wish to be paroled. “Where will I go, what will I do, how will I live?”
- Pt sent back to prison.
Special Populations – Aging Inmates

- Older people are committing more crimes and being arrested.
- Prisoners are getting longer sentences.
- Need more frequent and costlier txs than younger prisoners.
Special Populations – Aging Inmates

- # of inmates in fed and state prisons aged 65 and older rose 63% from 2007-2010.
- # aged over 55 grew by 282% from 1995-2010.
- Biological age is 50 yrs but physiologic age is 10-15 years higher due to poor healthcare and high-risk behavior.
Special Populations – Aging Inmates

- Some states have specialized geriatric prisons.
- Inmates cannot apply for Medicare or Medicaid benefits. Their health care is born out of the prison budgets.
- Those over 55 have an avg of 3 chronic diseases and more likely to be functionally disabled.
- Tx outside of prison is cost and cost of time, travel and personnel to cover the visit.
Special Populations – Aging Inmates

- Prisons were designed for young, healthy people.
- Narrow walkways and stairwells, long distances from cell blocks to essential areas and bunk beds pose environmental challenges.
- Special privileges (canes, w/c, elevators, walking slow, moving closer to cafeteria, BR, etc.) which would level the playing field for inmates are avoided due to maintaining order and safety.
Special Populations – Aging Inmates

• Need greater number of prescription drugs, more assistive devices, visits to infirmary, more diagnostic testing, specialists

• Need to leave prison and costs money, travel, personnel, etc.
Case # 4

- 16 year old brought in by police after being arrested in drug bust/cock fight. Has deep scratches, lacerations and bruises all over from the chase and glass cuts from landing in a pile of broken glass.
- Complaining of h/a, unsure if he hit head when jumped, tackled, etc. Seizes, CT reveals EDH.
- Taken to OR and NSICU. Extubated on day # 1.
Case # 4

• Police guards are present. Mother allowed to see her son from doorway and in presence of police. She is trying to get a public defender. He is in the “legal limbo land”.

• Has hypoactive BS which diminish. Vomits, and x-ray reveals a small ileus. Made NPO.

• Post-op day # 4 – arraigned bedside. Prison guards replace police. Mother wants him to stay in hospital.
Case # 4

- Post-op day # 7 – pt has been feeling better. Passing gas, eating small amts of food. Mother tells him not to overdue it. Pacing in room.
- Post-op day # 8- noted to have had BM and now eating reg diet. Transferred to prison. Mom sobbing when called by SW to say that he was transferred.
Special Populations – Adolescent Inmates

- # of adolescents in adult correctional facilities is increasing
- A significant percentage have mental health issues (ADHD, depress, behav disorders)
- Some mentally impaired or have substance abuse issues.
Special Populations – Adolescent Inmates

• Need to be housed separately from older and stronger inmates
• Very challenging to deal with an adolescent who is to be treated as an adult.
• Trauma, suicide and sexual assaults are most common reasons for hospitalizations
Special Populations – Female Inmates

• Health needs are different than men (OB, GYN, nutrition, etc)
• Most have committed nonviolent crimes related to drugs, check forgery, and illegal credit care use.
Special Populations – Pregnant Inmates

- To prevent escape, shackled during ambulance ride to hospital for L & D.
- ACOG does not support restraints during L & D.
- 7 states and the Fed Bur of Prisons have policies which prohibit restraints while in labor.
- Practice interferes with healthcare providers ability to safely practice medicine and makes L&D more difficult.
The Arrival

• Whether from local police or from prison
• Will be restrained
• Will be supervised
The Arrival

- Need to
  - Determine safety of pt and staff (restraints?)
  - Notify supervisor and security
  - Determine why in ED
  - Assist in determining how to expedite pt’s care
  - Attempt to provide secure, safe, private environment for all
Hospitalization Issues

- Maintain privacy and safe environment.
- Try to avoid the tourist attraction.
- Try to avoid sensationalizing.
- Know who belongs where and who doesn’t.
Hospitalization Issues

- Talk with staff about their feelings (disgust, anger, sympathy, etc)
- The prison hierarchy will decide what care prisoners will have.
- Participation in research will be decided by the prison hierarchy.
Disposition

- Discharge?
- Admit?
- Transfer?
ICU

- Easier to watch
- Easier to secure unit due to limited access
- Private rooms – easier to hide the everyone
- Sicker/weaker pt
- Cuffed to bed, guards
- Visitors
- Access to information
ICU

- Never say when being discharged or transferred
Floor

- Private vs semi-private
- Restraints
- Security
- Visitors
- Never say when being discharged or transferred
- Phones
- TV/reading materials
- Ambulation
Floor

• Bathroom privileges – up to the guards.
• Need to work as a team with guards for
  – any event occurring out of their room (PT, radiology, etc).
  – any event occurring on the unit
  – Understanding who all personnel are
Post-Discharge Care

- Prison
- Out Patient Clinics
- Meds/equipement
- Dressing changes
- Security team
- Appearances (which entrance will they come and go by, what will they be wearing??)
Discharge to Correctional Medical Facilities

- Prison ward in a regular hospital (Bellevue, Cook County, Grady, etc)
- Infirmary in prison
Discharge to Correctional Medical Facilities

- Need enough medication/supplies until the prison system can care for them (non-formulary drugs are tough).
- Transfer all health records – electronic MR makes this easier. May not come back to you for care.
End of Life Issues

- Those with hospice often staff them with volunteer prisoner help.
- Many sites allow family visits during last 24-48 hours of life as well as spiritual counseling from chaplains.
End of Life Issues

- If paroled for medical reasons
  - must find housing and care
  - must have ability to pay for all medical care (drugs, personnel, tx, etc.) on their own.
Health Care Reform

• Will enable those in prison or parole to get healthcare (if they qualify).
Injury Prevention

- Decrease risk of falls
- Keep active
- Provide safe areas for elderly
Illness Prevention

- Proper nutrition
- Adequate sleep
- Regular exercise
- Medication taking
- Immunizations (including tetanus)
The Future

- RNs play a huge role in the healthcare or prisoners.
- NP, PAs will play a bigger role in healthcare and with prisoners.
- Healthcare reform will be a huge help to those getting out of prison (if they can afford it).
The Future

- For elderly inmates:
  - need to consider secure long-term care units
  - make structural changes to accommodate older inmates.
- Expedited medical parole boards
- Allow for end of life wishes (DNR, hospice, etc)
In Summary

• As nurses, we collect information and make judgments about people’s health and frequently about them.

• We all want to ask:
  – “What happened to you?”
  – “What went wrong?”
  – “What did you do?”
  – “Why did you do it?”
  – “How long is your sentence and how much of it have you done?”
Nursing Pearls

• Always have the 24 hour prison supervisor phone number.
• If the guard is sleeping – wake them up.
• Never:
  – let them get between you and door.
  – turn your back on them or take your eyes of them.
  – release restraints.
Nursing Pearls

- “Gun!” means hit the floor.
- Many are nice but – manipulation is key to them and their survival.
- Talk about d/c plans but never reveal d/c dates until the prison transport team hits the floor.
- Think about everything that is within their reach (in the room, on you, etc).
- Some view every second as a potential suicide or escape attempt.
- Watch for sudden movements.
Nursing Pearls

• Curtain should never be drawn with just you in there.
• If you or someone is in the room, the guard should be in the room.
• Family notification must be made of hospitalization and their care but visits are up to the guards.
Thank You For Coming –
I Hope You Learned Something

- Enjoy the rest of the conference.
- Safe travels home.
- Take time and enjoy the beautiful weather and scenery.
- See you next year in St. Louis, MO.
References

