



NORTHWEST AIDS EDUCATION AND TRAINING CENTER

Taking Care of the Incarcerated Hospitalized HIV+ Patient

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Case 1

- A 24 yo male with a long history of IVDU was arrested 6 months ago.
- He is brought to the ED from jail with fever and SOB for the past month that has gotten progressively worse
- On exam he has thrush, several skin abscesses, & decreased breath sounds bilaterally.



Can you ask the officer to leave the room
when talking to the patient?

Confidentiality in Corrections

- In community, transport officers are present to maintain security – need offender in line of site at all times (NOT within earshot!)
- Safety trumps confidentiality
- In prison, officers not present during medical appointments (except in maximum custody)
- Accuracy of information
- Impacts ongoing care



Confidentiality in Corrections II

- Medical information or reports should never be given directly to non-medical correctional staff
- Correctional officers can be given medical information on a **NEED to know** basis only
 - For example, the officer should be given information regarding necessary precautions that need to be taken
- If officer must stay in the room for safety reasons, it is not a HIPAA violation if he overhears medical info
- If exam needs to be done, especially with removal of clothing, use a screen or curtain to protect patient privacy

What Information Should You Share with the Officer?

- Plan for the day
 - Any off unit trips
 - Procedures that may involve security hazards
- Calls received asking about the patient or calls requested by the patient
 - Hospital staff should NOT share information about patient with anyone other than correctional staff
- Plans for discharge or transfer



Case Continues

- CXR has bilateral interstitial infiltrates & is concerning for PCP
- Placed on appropriate antibiotics + steroids
- Put in contact isolation for MRSA
- Admitted to the floor team
- That evening the patient becomes increasingly hypoxic requiring a 100% NRB and is sent to the MICU
- CXR reveals white out bilaterally



Patient asks, “Can you call my mother to let her know what is going on?”

Public Safety Issues

- Calling friends or family members directly can be public safety hazard
- Medical updates can be relayed to family members only via correctional staff or correctional health staff
- The correctional facility may give permission for hospital provider to speak directly with family; however, do not divulge which hospital you are calling from or its location
- When patient's are in critical condition, the correctional facility may allow patient to receive visitors, but this requires the proper approval process

More Public Safety Issues

- You can NEVER tell an incarcerated patient the date/time of a follow-up appointment
 - Wayne Mumword
- Make sure all sharps are secured. Never leave unattended sharps in the room.
- Limit what you take into the room. Take out what you brought in.

Case Continues

- Sputum confirms PCP and blood cultures grow MRSA in all 4 bottles
- After 1 week of IV Bactrim, steroids & Vanco, patient improves and moves back to the floor
- HAART is started with boosted darunavir + truvada
- The PICC line is pulled and the patient switches to oral bactrim, prednisone, & linezolid in preparation for discharge



Is this a good discharge plan?

Formulary & Discharge Planning

- Most correctional facilities have a medication formulary
- The level of medical care that can be given varies between correctional facilities
- Opiates are highly regulated in correctional facilities, so helps to discuss a pain management plan
- Discuss discharge plans with correctional health staff at the receiving facility several days BEFORE discharge to make sure that the plan makes sense and the necessary medications/services are available

Discharge Planning

- Paperwork given to an officer can be delayed as many as 5 days getting to clinicians at some facilities
- If there are urgent orders or medications that the patient will need soon after arrival back at the correctional facility – **CALL & SPEAK WITH CORRECTIONAL HEALTH STAFF**
- If the patient has had a complicated hospital course/clinic visit, do a stat discharge summary and/or call the provider on-site at the correctional facility to communicate directly

Case 2

- A 55yo HIV+ male from Monroe Correctional Complex is sent to Harborview ED with fever and lymphadenopathy
- He has had HIV for 20 years and his last CD4 cell count was 10 cells/mm³
- He mentions that he will be in prison another 10 years and is terrified of dying in prison



Is it OK to ask the patient why he is incarcerated?

Ethical Issue in Corrections: Bias

- Ask yourself why you want or need to know
- As much as you think it won't influence how you care for or treat the patient, it probably will
- Ask only questions that directly impact medical care, which includes how long he will likely be incarcerated



Case Continues

- On exam, the patient is febrile, tachycardic with diffuse lymphadenopathy
- His heart and lung exam are otherwise normal
- You have difficulty doing a good abdominal exam, because the patient is cuffed in front with a waist chain



Can you ask the officer to remove the handcuffs & waist chains?

- If needed for medical care, officer may be able to release restraints or switch the type of restraint
- However, refrain from giving custody suggestions how to do their job & getting involved with custody issues
- Inform officer what you need or what are the patient's limitations. Let officer decide how to work around those limitations to achieve needed outcome

Case Continues

- The patient's labs and imaging return and you suspect lymphoma
- Oncology recommends an excisional lymph node biopsy, but the patient refuses
- You believe the patient understands the risks and benefits of the procedure
- He is agreeable to other less invasive interventions

Does an incarcerated patient have the same rights to refuse care?

Civil Rights

- Incarcerated patients generally have the same rights as other patients
 - Right to refuse treatment, right to interpretive services, advance directives, etc.
- Incarcerated patients must consent to medical care
- If consent can't be obtained from the patient, the living next of kin should be contacted via the correctional facility
 - Although wards of the state, the facility cannot consent on the patient's behalf
 - If incompetent, guardian process via court system is the same

Questions?

