



# NEW MEXICO CORRECTIONS DEPARTMENT

Secretary  
Alisha Tafoya Lucero

CD-171500 Psychotropic Medication and Heat  
Pathology

Issued: 04/16/01  
Effective: 04/16/01

Reviewed: 5/27/26  
Revised: 02/16/15

Alisha Tafoya Lucero, Cabinet Secretary

*Original Signed and Kept on File*

## AUTHORITY:

Policy *CD-010100*

## REFERENCES:

Manual of Clinical Psychopharmacology, 1997; American Psychiatric Press Textbook of Psychopharmacology, 1998; Emergency Medicine, June 30, 1998.

## PURPOSE:

To establish the Standard of Care for the reduction of psychotropic medication-related heat pathology.

## APPLICATION:

All New Mexico Corrections Department (NMCD) facilities; to include public and privately operated.

## FORMS:

- A. **Heat Pathology Housing Unit Temperature Checks** form (*CD-171501.1*)
- B. **Report Of Housing Unit Temperatures Exceeding 90 Degrees** form (*CD-171501.2*)

## ATTACHMENTS:

None

## DEFINITIONS:

*Heat Pathology*: medical problems such as heat stroke, muscle cramps, and heat exhaustion due to a failure of the heat regulating mechanisms of the body.

## POLICY:

Medications with anticholinergic effects, such as phenothiazines, tricyclic antidepressants, antihistamines, etc., decrease sweating capacity. Neuroleptics affect the thermoregulating mechanisms of the brain. Diuretics, such as furosemide (Lasix), hydrochlorothiazides, etc., cause dehydration. Inmates on any of these types of medications have increased sensitivity to heat and sunlight and are at high risk for developing the following heat induced syndromes: muscle cramps,

heat exhaustion and malignant neuroleptic syndrome (heat stroke). Inmates taking any of these medications should not be exposed to elevated temperatures, poorly ventilated areas, or direct sunlight for extended periods of time.



# NEW MEXICO CORRECTIONS DEPARTMENT

Secretary  
Alisha Tafoya Lucero

|  |   |   |
|--|---|---|
| CD-171501 Psychotropic Medication and Heat Pathology | Issued: 04/16/01<br>Effective: 04/16/01 | Reviewed: 5/27/26<br>Revised: 02/16/15  |
| Alisha Tafoya Lucero, Cabinet Secretary              |   | <i>Original Signed and Kept on File</i> |

## AUTHORITY:

Policy *CD-171500*

## PROCEDURE:

- A. The prescribing physician will warn inmates taking diuretics or psychotropic medication of the risks of developing heat-related illnesses.
- B. Inmates will be advised to wear protective clothing and/or sunscreen when under direct sunlight.
- C. Inmates will be advised to avoid excessive exhausting activities in high temperatures during the summer.
- D. Native American inmates taking diuretics or psychotropic medication will be warned regarding the risks of developing heat-related illnesses while participating in sweat lodges.
- E. Inmates will be advised to drink an adequate amount of fluids (8-12 glasses of liquid per day) to avoid dehydration.
- F. If the inmate needs special living or work conditions, the Facility Medical Director will issue a written order (which may be a medical chrono) addressing the need to the facility classification officer. At the beginning of each week, a list of all inmates that are subject to developing heat pathology will be submitted to the Unit Manager.
- G. The housing unit custody officer will check the inside and outside temperatures every two hours, from 10 a.m. to 6 p.m. beginning June 1 and continuing through September 30.
- H. The following documents are to be maintained at the institution each month from June 1 and continuing through September 30:
  1. Outside Temperature Logs,
  2. Inside Temperature Logs,
  3. Medical Rounds Logs,
  4. Heat Incident Logs, and
  5. Weekly Lists of Heat-Risk Inmates.

I. A heat pathology log must be maintained, reviewed and signed by the Warden or Deputy Warden and the Health Service Administrator. It shall include the following information in chronological order:

1. Inside Temperature of 90 Degrees and Above:

Include date, hour(s), temperature and location by housing unit(s). Indicate “None” if a temperature of 90 degrees was not attained in the housing unit(s).

2. Medical Rounds Performed in Housing Unit(s) Reaching 90 Degrees or More:

Name of medical staff conducting rounds, name of inmate(s), NMCD number(s), housing unit(s) and a brief summary of medical treatment ordered. Indicate “None” if there were no heat-related illnesses identified.

3. Outside Temperature Logs:

Include date, hour(s), temperature, and location by housing unit(s). Indicate “None” if an outside temperature of 90 degrees was not attained.

4. Weekly List of Heat-Risk Inmates:

Note the distribution (as deemed appropriate) and availability of list on file at the institution.

5. Heat Incident Log:

Include the name and inmate number of any inmate requiring attention because of heat exposure; include the date, time, hour of incident, and housing unit.

J. If inmates housing area exceeds 90 degrees Fahrenheit, the following measures must be instituted by the Unit Manager:

1. Notify the Health Services Administrator;
2. Provisions of increased fluids and ice;
3. Allowance of additional showers to provide cooling;
4. Increase ventilation to the area as much as possible to reduce housing area temperatures to less than 90 degrees Fahrenheit;
5. If the housing area remains consistently above 90 degrees Fahrenheit, temporary transfer of the inmate to an area of the institution or other institution that is more compatible with the inmate’s clinical status.

- K. Inmates who show signs of heat-related pathology, e.g. nausea, fatigue, headache, muscle cramps, dry flushed skin, alteration in consciousness, must be immediately referred to the Medical Department for evaluation and treatment, according to the “Protocol for Treatment of Heat-induced Syndrome”.

## NEW MEXICO CORRECTIONS DEPARTMENT HEAT PATHOLOGY: HOUSING UNIT TEMPERATURE CHECKS

Correctional Officers shall check the inside and outside temperature every two (2) hours from 10:00 a.m. to 6:00 p.m., beginning June 1 through September 30, documenting temperatures on this log. Should the inside housing temperature exceed 90 degrees, security staff shall immediately notify the Medical Department and document the notification. Security staff will immediately refer any inmate who shows signs of Heat-Related Pathology to Medical for evaluation and treatment.

| Month/Year |         | Facility    |             |            |            |            | Housing Unit      |                        |   |
|------------|---------|-------------|-------------|------------|------------|------------|-------------------|------------------------|---|
| Date       | Temp    | 10:00<br>am | 12:00<br>pm | 2:00<br>pm | 4:00<br>pm | 6:00<br>pm | Officer's<br>Name | Officer's<br>Signature | Date and time H.S.A. notified<br>if indoor temp exceeds 90° |
| 1          | Outdoor |             |             |            |            |            |                   |                        |   |
|            | Indoor  |             |             |            |            |            |                   |                        |   |
| 2          | Outdoor |             |             |            |            |            |                   |                        |   |
|            | Indoor  |             |             |            |            |            |                   |                        |   |
| 3          | Outdoor |             |             |            |            |            |                   |                        |   |
|            | Indoor  |             |             |            |            |            |                   |                        |   |
| 4          | Outdoor |             |             |            |            |            |                   |                        |   |
|            | Indoor  |             |             |            |            |            |                   |                        |   |
| 5          | Outdoor |             |             |            |            |            |                   |                        |   |
|            | Indoor  |             |             |            |            |            |                   |                        |   |
| 6          | Outdoor |             |             |            |            |            |                   |                        |   |
|            | Indoor  |             |             |            |            |            |                   |                        |   |
| 7          | Outdoor |             |             |            |            |            |                   |                        |   |
|            | Indoor  |             |             |            |            |            |                   |                        |   |
| 8          | Outdoor |             |             |            |            |            |                   |                        |   |
|            | Indoor  |             |             |            |            |            |                   |                        |   |
| 9          | Outdoor |             |             |            |            |            |                   |                        |   |
|            | Indoor  |             |             |            |            |            |                   |                        |   |
| 10         | Outdoor |             |             |            |            |            |                   |                        |   |
|            | Indoor  |             |             |            |            |            |                   |                        |   |
| 11         | Outdoor |             |             |            |            |            |                   |                        |   |
|            | Indoor  |             |             |            |            |            |                   |                        |   |
| 12         | Outdoor |             |             |            |            |            |                   |                        |   |
|            | Indoor  |             |             |            |            |            |                   |                        |   |
| 13         | Outdoor |             |             |            |            |            |                   |                        |   |
|            | Indoor  |             |             |            |            |            |                   |                        |   |
| 14         | Outdoor |             |             |            |            |            |                   |                        |   |
|            | Indoor  |             |             |            |            |            |                   |                        |   |
| 15         | Outdoor |             |             |            |            |            |                   |                        |   |



**NEW MEXICO CORRECTIONS DEPARTMENT  
 HEAT PATHOLOGY: HOUSING UNIT TEMPERATURE CHECKS**

| Month/Year |         | Facility |          |         |         |         | Housing Unit   |                     |  |
|------------|---------|----------|----------|---------|---------|---------|----------------|---------------------|--|
| Date       | Temp    | 10:00 am | 12:00 pm | 2:00 pm | 4:00 pm | 6:00 pm | Officer's Name | Officer's Signature | Date and time H.S.A. notified if indoor temp exceeds 90° |
| 16         | Outdoor |          |          |         |         |         |                |                     |  |
|            | Indoor  |          |          |         |         |         |                |                     |  |
| 17         | Outdoor |          |          |         |         |         |                |                     |  |
|            | Indoor  |          |          |         |         |         |                |                     |  |
| 18         | Outdoor |          |          |         |         |         |                |                     |  |
|            | Indoor  |          |          |         |         |         |                |                     |  |
| 19         | Outdoor |          |          |         |         |         |                |                     |  |
|            | Indoor  |          |          |         |         |         |                |                     |  |
| 20         | Outdoor |          |          |         |         |         |                |                     |  |
|            | Indoor  |          |          |         |         |         |                |                     |  |
| 21         | Outdoor |          |          |         |         |         |                |                     |  |
|            | Indoor  |          |          |         |         |         |                |                     |  |
| 22         | Outdoor |          |          |         |         |         |                |                     |  |
|            | Indoor  |          |          |         |         |         |                |                     |  |
| 23         | Outdoor |          |          |         |         |         |                |                     |  |
|            | Indoor  |          |          |         |         |         |                |                     |  |
| 24         | Outdoor |          |          |         |         |         |                |                     |  |
|            | Indoor  |          |          |         |         |         |                |                     |  |
| 25         | Outdoor |          |          |         |         |         |                |                     |  |
|            | Indoor  |          |          |         |         |         |                |                     |  |
| 26         | Outdoor |          |          |         |         |         |                |                     |  |
|            | Indoor  |          |          |         |         |         |                |                     |  |
| 27         | Outdoor |          |          |         |         |         |                |                     |  |
|            | Indoor  |          |          |         |         |         |                |                     |  |
| 28         | Outdoor |          |          |         |         |         |                |                     |  |
|            | Indoor  |          |          |         |         |         |                |                     |  |
| 29         | Outdoor |          |          |         |         |         |                |                     |  |
|            | Indoor  |          |          |         |         |         |                |                     |  |
| 30         | Outdoor |          |          |         |         |         |                |                     |  |
|            | Indoor  |          |          |         |         |         |                |                     |  |

*Per CD-171501, a heat pathology log must be maintained, reviewed, and signed by the Warden or Deputy Warden and the Health Services Administrator.*

Warden or Deputy Warden Signature

Date

Health Services Administrator Signature

Date

