

Ramadan Accommodations for Behavioral Health* Providers

**NOTE: Much of this guidance is also applicable in other clinical specialty areas.*

Takeaways

- Ramadan is March 1–30 this year
- Ask your Muslim patients if they are fasting Ramadan. If yes, do the following (only if medically appropriate):
 - Use meds that can cause dehydration only when strictly necessary (eg, laxatives/diuretics)
 - When possible, time lab draws to post-sunset (or 7 PM for BHIP). Interpret any lab draws during fasting as appropriate
 - Standard Time (March 1 - March 8):
 - Schedule all morning meds at or prior to 4:30 AM
 - Schedule all evening meds at or after 7:15 PM
 - Daylight Saving Time (March 9 - March 30):
 - Schedule all morning meds at or prior to 5:30 AM
 - Schedule all evening meds at or after 8:30 PM
 - *Note that these timings have a one-hour buffer for nurses to give medications. The actual Fajr (pre-dawn) time is about one hour later, and Maghrib (sunset) is about one hour earlier. BHOP providers can instruct patients to take meds pre-dawn or at sunset as appropriate.*
 - Add a misc nursing/communication order: “Patient is fasting Ramadan. Please provide patient with sandwiches/snacks/water with morning medications. Please re-enforce extra water intake pre-dawn”
 - Add a misc nursing/communication order: “Patient is fasting Ramadan. Please save patient’s dinner tray if dinner is served before the sunset, and provide it to the patient in the room”
 - Document in your notes/handoff that the medication scheduling is to accommodate for fasting Ramadan
- (General reminder irrespective of Ramadan) Ensure any Muslim patient who adheres to hijab has access to appropriate clothing (hair/neck covering and long sleeve shirts).
 - We are working on acquiring low-ligature risk head and neck covering and long sleeve paper scrubs for BHIP/BHED.
 - Until these are available, you can work with nursing and the patient's family on providing the appropriate clothing that suits the patient’s needs while adhering to the patient’s safety risk level.
 - Please also note that for many Muslim women, adhering to hijab is a deeply held religious value. Refusal to disrobe in front of men should not be misinterpreted as agitation or non-compliance. These actions reflect religious commitment and can be severely distressing if not respected.

- Please approach such situations with sensitivity, accommodate preferences where possible, and provide appropriate clothing or coverings to ensure dignity and safety. Again, it is important to recognize these requests as expressions of religious practice, not agitation episodes

Background

Ramadan is a holy month for Muslims. The Islamic calendar (ie, Hijri calendar) follows a lunar cycle as opposed to the Gregorian calendar which follows a solar cycle. The lunar year is ~11 days shorter than the solar year. This means that every year, Islamic holidays fall on a different date on the Gregorian calendar. This year, Ramadan matches up pretty nicely with March. It falls on March 1 until around March 30.

Muslims are obligated to fast Ramadan. [Exceptions](#) notably include sick people whose fasting may worsen their disorder or slow down their recovery. Exceptions also include for women during their menstruation.

Fasting in Ramadan is from Fajr (~1hr prior to sunrise) to Maghrib (~sunset) prayers. Anything that a person intentionally takes PO (including water, medication, food) will break the fast for the day. Given that the switch from Standard Time to DST will occur during Ramadan, the medication timings can be adjusted accordingly on March 9 (see takeaways section above). Of note, the timings above allow for the 1 hr buffer during which RNs can administer meds.

Physicians need to decide whether someone is too frail to fast (usually not the case for our patients on BHED/BHIP), and if adjusting medication timing to suit fasting would be medically appropriate (this is where you get to decide and communicate your decision to patients who wish to fast). **Ask yourself if your patient can be treated by a medication regimen with a ~14 hour gap in between doses during the day.** For our colleagues in the outpatient setting, your Muslim patients may already be self-dosing their medications around sunrise and sunset to accommodate for their fasting, so you are advised to get ahead of it and make any adjustments necessary.

Water Intake

For medications requiring adequate fluid intake such as Lithium, it can be helpful to reinforce adequate PO intake pre-dawn/sunset. Also being mindful that some medications (laxatives/diuretic, etc) could contribute to dehydration, being extra cautious of these side effects during Ramadan, and timing them after sunset or holding them during Ramadan as clinically appropriate.

Blood Draws

The [general stance](#) is that blood draws for medical purposes are permitted during fasting, although, people generally avoid getting labs when fasting and prefer getting draws after breaking their fast. Providers may also need to cautiously interpret fasting labs from non-fasting

labs. When possible, time labs around fasting hours unless clinically necessary to get blood draws during fasting.

Closing Remarks

Ramadan is a very special and deeply spiritual time for Muslims worldwide. For someone to spend some or all of Ramadan in a hospital can be very challenging and distressing. Communicating that we understand our patient's needs will not only show compassion and improve physician-patient relationship, it can also make a tangible impact in their journey to recovery.

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