Alcohol Withdrawal Management Plan

This plan only covers the needs of patients who require admission due to the symptoms of alcohol withdrawal alone. It does not address the specific needs of co-existing conditions.

Guidance has been taken from SIGN (Scottish Intercollegiate Guidance Notes) 74 for Alcohol Management.

**PATIENT REQUIRES MEDICAL ADMISSION IF**
- Is confused or has hallucinations
- Has a history of previously complicated withdrawal
- Has epilepsy or a history of fits
- Is malnourished
- Has severe vomiting or diarrhoea
- Has uncontrollable withdrawal symptoms
- Has an acute physical illness

**PATIENT REQUIRES PSYCHIATRIC ADMISSION IF**
- Is at risk of suicide
- Has severe dependence coupled with willingness to be seen daily
- Has previously failed home-assisted withdrawal
- Has an acute psychiatric illness
- Has multiple substance misuse
- Has a home environment un-supportive of abstinence

Continued over
**Management**

- A full history should be taken. This should include drinking habits, units of alcohol taken and what happens when they stop drinking.
- IV access should be established.
- FBC, U&Es, LFTs, Glucose, Coagulation should be done routinely and amylase indicated where abdominal pain is evident.
- Instigation and adherence to CIWA - A scoring system.
- Prescription for Benzodiazepine of choice to manage symptoms of withdrawal.
- Routine prescription of IV Pabrinex 1 Amp pair t.i.d. for up to 3 days.

OR

If symptoms of:
- Acute Confusion
- Memory disturbance
- Ophthalmoplegia or nystagmus
- Decreased conscious level
- Ataxia/unsteadiness
- Hypotension with hypothermia

Consider increasing Pabrinex to 2 Amp pair t.i.d. for 3 days, followed by 1 Amp pair daily for further 3 - 5 days.

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**Non-Medical Management**

- Cool cotton clothing
- Well lit environment
- Small light meals
- 2 litres of fluids daily *(if unable to drink i.v. fluids required)*

Referral for need of in-patient bed should be made directly to the on-call medical SHO and can be made by A&E Medical Staff or Substance Misuse Nurse.

Substance Misuse Nurse will follow up and advise on further patient management where requested or indicated.
Opiate Withdrawal Management Plan

This plan aims to improve the management of opiate dependent patients within an inpatient setting who have co-existing medical conditions.

Adherence to the plan should:
- Alleviate opiate withdrawal symptoms.
- Improve clinical outcome.
- Ensure patient remains to receive medical treatment.
- Ensure continuity of care.
- Reduce the risks associated with illicit drug use.
- Reduce the risk of inappropriate treatment.

ADMISSION ASSESSMENT
Full clerk in should be taken. Drug history information should include:
- Drugs used and amounts
- Frequency
- Mode
- Last use
- Evidence of use: injection sites
  urine screens
Observe for signs of opiate withdrawal

PLAN OF CARE
- Inform Substance Misuse Nurse or CAT of admission.
- Hospital guidelines for opiate dependent patients to be explained and agreed with patient.
- Medication likely to be required according to severity of withdrawal.
- Opiate analgesics may be used to control symptoms of opiate withdrawal. Advice can be obtained via SMN or Psychiatric SHO.
- Patients who are currently prescribed methadone and meet criteria should be assumed safe to prescribe same dose.
  - Dose confirmed by the prescriber.
  - Last consumption confirmed and is within last three days.
  - Patient is comfortable on dose.
  - No other contraindications.
- Otherwise an opiate analgesic or lofexidine should be used until this is confirmed.
- Methadone should not be reduced unless this is necessary due to primary medical condition.
- Caution should be used if the decision is made to prescribe methadone for a longer admission period to ensure stability. Consult SMN or CAT for further support.
- Often patient still use this opportunity for detox. Follow up care requires to be planned in partnership with Specialist Services.
- Medication for opiate withdrawal management should not be provided on a discharge prescription unless agreed by SMN or CAT.
## Policy for Psychiatric patients being nursed in Acute side ward of Monklands Hospital

### Who is responsible?
- If the patient concerned is transferred from psychiatric in-patient bed within Monklands Hospital for medical intervention and requires special nursing by an R.M.N. it is the responsibility of psychiatric inpatient services at Monklands to arrange the nurse and they are liable for any costs incurred.
- If the patient concerned is admitted to a general ward and require special nursing by an R.M.N it is the responsibility of the acute side to arrange the nurse and they will be liable for any costs incurred, even if the patient is already known to Psychiatric Services in the past.
- If the patient concerned is transferred from a Psychiatric Unit out with Monklands Area require special nursing by an R.M.N it is the responsibility of the psychiatric in patient services in their own area to arrange the nurse and they will be liable for any costs incurred.
- If the patient concerned is in a medical ward and is detained due to an on-going psychiatric problem and is to be transferred to an in patient psychiatric unit out with Monklands area it is the responsibility of the receiving psychiatric unit to provide appropriate level of nurses for escort purposes.

### Who decides if the patients require special nursing by R.M.N.?
- Psychiatric Liaison nurses are available for advice only when on duty- extension 3160 Page 313. Psychiatric Liaison Nurses are not responsible for providing escorts for patients and cannot be used as R.M.N. special nurse.
- Any emergency of a psychiatric nature should be referred to the on –call psychiatric S.H.O for discussion and advise - page number 411.
- Any cold referrals should be forwarded in the usual manner in the form of a letter of request to assess the patient to the appropriate Consultant Psychiatrist.