

PRACTICE GUIDELINE

Effective Date: 2-14-04

Manual Reference: **Deaconess Trauma Services**

TITLE: EVALUATION OF THE POTENTIAL PROBLEM DRINKER AND POTENTIAL SUBSTANCE ABUSER

PURPOSE:

1. To define the indications and process of pursuing an evaluation on potential problem drinkers and substance abuse patients in order to refer them to alcohol and substance abuse program.
2. To define alcohol as a major risk factor for many types of injury. To emphasize that a patient with drinking problem who experiences serious injury after drinking alcohol may be more likely than usual to face his/her drinking problem. To define methods of discussing the problem with the patient and making appropriate treatment referrals may prevent future alcohol-related injury.
3. To recognize alcohol withdrawal syndrome as a potentially life-threatening consequence of the sudden cessation of alcohol ingestion. To recognize that because alcohol use is a common risk factor for injury, the trauma population is at high risk for the development of alcohol withdrawal syndrome during hospitalization. To prevent the development of alcohol withdrawal syndrome in trauma patients

DEFINITIONS:

1. Potential Problem Drinker is a patient that exceeds the legal blood alcohol limit (.08) or consumes 5 or more alcoholic beverages a day.
2. Potential Substance Abuse Patient is a patient that tests positive, without a prescription or medication administered by medical personnel, on a urine drug screen.
3. Minor alcohol withdrawal syndrome usually presents symptoms within 6 hours of cessation of drinking. Symptoms may develop in the presence of significant blood alcohol level. If withdrawal does not progress, the findings resolve within 24-48 hours. Ambulatory out-patient management of mild alcohol withdrawal is possible. These symptoms consist of insomnia, tremulousness, mild anxiety, gastrointestinal upset, anorexia, headache, diaphoresis, palpitations.
3. Severe Alcohol withdrawal syndrome: A clinical syndrome characterized by the manifestation of at least two of the following symptoms:
 - a. Autonomic hyperactivity (heart rate greater than 100, diaphoresis)
 - b. Increased hand tremor
 - c. Insomnia
 - d. Nausea or vomiting
 - e. Transient visual, tactile or auditory hallucinations
 - f. Psychomotor agitation
 - g. Anxiety
 - h. Grand mal seizures (with oral seizures).
4. Delirium Tremens (DT) is defined by hallucinations, disorientation, tachycardia, hypertension, fever, agitation, and diaphoresis in the setting of acute reduction or abstinence from alcohol. In the absence of complications, symptoms of DT generally persist for five to seven days.

GUIDELINES:

1. Upon arrival to the Emergency Department, all patients will be asked about alcohol, tobacco, and illegal substance use, where it will be documented in EPIC.
2. All Category I patients will have a blood alcohol test and urine drug screen performed unless the patient has documented blood alcohol test and/or urine drug

screen results from a referring hospital. The Trauma Panel lab work, which should be ordered on all Category I patients, includes both a blood alcohol test and urine drug screen.

3. Category II patients will have a blood alcohol test and urine drug screen performed if they were believed to be the driver of a vehicle or at physician's discretion.
4. ETOH will be drawn on any motor vehicle crash victim who is believed to have been the driver of the vehicle.
5. For patients less than 12 years old, PI variance letters will not be sent to physicians regarding missing medical ETOH and Urine drug screens unless testing was indicated based upon assessment or patient history. Medical ETOH and urine drug screen should be obtained on all children with suspected abuse, history of drug and/or alcohol abuse, significant change in LOC, and/or believed to have been the driver of a motor vehicle.
5. Trauma Services recommends that patients that have a positive blood alcohol test greater than the legal limit (0.08), with history of > 5 drinks per day, or an underage drinker (<21 yrs) identified by ETOH and/or anyone with urine drug screen for illegal substances (that were not given for medical reasons) will receive a referral to the Deaconess CARE Team for evaluation of the need for services.
7. Upon referral, a Crosspointe counselor will evaluate a patient for withdrawal symptoms by using a standard assessment tool, discuss alcohol and illegal substance use by patient, and recommend appropriate programs to patient.
8. Monitoring compliance of ordering the blood alcohol and urine drug screen tests will be tracked, trended, and reported at Peer Review and Operational monthly, where it will maintain patient confidentiality.
9. All patients with detectable blood alcohol levels at the time of admission will be considered at risk for alcohol withdrawal syndrome.
10. **Any patient exhibiting the onset of symptoms of alcohol withdrawal or delirium Tremens (agitation, disorientation, uncooperative behavior, etc.) will have STAT blood gases immediately performed and the Trauma surgeon will be notified of change in patient condition.**
11. Any patient exhibiting two or more of the symptoms listed above should be started on an alcohol withdrawal regimen. Recommendations and considerations as follows:
 - a. Administration of Thiamine IV as ordered by physician.
 - b. Begin a fixed scheduled (**NOT p.r.n.**) regimen of IV benzodiazepines as ordered by the physician.
12. The above regimen does not apply to patients already receiving benzodiazepines for another indication (e.g., for sedation in the ICU). Under those circumstances, benzodiazepine therapy for alcohol withdrawal must be individualized; titrate doses to symptomatic relief.
13. If the patient appears to be over-sedated, call the physician and consider holding the next scheduled dose of benzodiazepine and reassess the patient.

REFERENCES:

- Resource for Optimal Care of the Injured Patient: 2006 Committee on Trauma – American College of Surgeon's Standards
- State of Illinois Level II Trauma Center Designation Criteria Section 515.2040 (1) (4)

REVIEWED DATE	REVISED DATE
JAN 05	7-1-07
JAN 06	JAN 08
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	MARCH 10
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