

Alcohol care team – Full Clinical Guideline

Reference no.:CG-T/2023/189

The **Alcohol Care Team (ACT)** are a team of 5 specialist nurses, both RGN and RMN and a band 3 support worker, who aim to see every patient admitted to the hospital who scores 5 or more on the Audit C. Once RDH staff have completed the combined alcohol/tobacco form on Lorenzo (sits within the clinical indicator dashboard), a notification is sent to the team and the patient is seen by the ACT for advice around alcohol reduction, drink-down, diet, vitamins, positive daily activity and onward referral for community support where necessary. Notifications are automatic and patients can decline to see the ACT member if they do not wish to access support. The team aim to facilitate prompt discharge to avoid unnecessary, unplanned medically assisted withdrawals where not clinically indicated. The ACT will offer telephone follow up to consenting patients discharged from ED prior to assessment and where possible will take direct referrals from the Emergency Department to facilitate discharge or provide advice. They can offer medication advice, arrange for community alcohol team input whilst on the ward, and will update concerned parties as appropriate. Telephone 83273/87835.

For complex patients, with a co-existing mental health diagnosis, suspicion of alcohol related brain injury or suicidal ideation, joint assessments with the Liaison Team can be arranged.

The service will operate 8-6 7 days a week. Outside of these hours, the Liaison Team will see emergency and complex assessments.

The ACT is an extension of the existing Liaison Team, and thus forms part of that MDT.

The **Liaison Team** incorporates drug and alcohol liaison as well as mental health services within the hospital. The team offers a 24/7 service with Core24 underpinnings (ED referrals seen within one-hour, inpatient referrals seen within 24 hours).

The team aim to pro-actively seek patients who would benefit from in-direct, direct consultation and intervention regarding their alcohol use, substance misuse and/or mental health. The team will see patients in hospital to offer support to the patient and to advice clinicians regarding management. If a patient agrees to community, follow up the team will arrange this support with community services ready for discharge from hospital to try and ensure a timely transition.

Referral to the Liaison Team for complex alcohol and mental health patients is via the whiteboard on ExtraMed. To discuss a patient that may benefit from seeing the team contact ext 87780. The team will need consent from the patient to see them. The majority of 'routine' alcohol referrals will be seen by the ACT, but if the ACT feels things are more complex, they can pass the referral to the Liaison Team.

Treatment

Chlordiazepoxide reducing regime is initiated on admission to hospital in alcohol dependent patients, alongside Pabrinex (see guidance on management of alcohol withdrawal). Chlordiazepoxide can be continued in the community under certain conditions and if the Liaison Team/ACT feel this is appropriate. Patients should not remain in hospital solely for completion of detox unless there are exceptional circumstances and the ACT or Liaison team have been involved in the decision. This is to avoid unnecessary, unplanned detoxes where the patient has not had time to prepare adequately.

Medications used in community teams for assistance with maintaining abstinence:

Baclofen - licensed as a muscle relaxant but trials show efficacy in reducing cravings, anxiety and feelings of tenseness. Baclofen 5mg tds, increased to 10mg tds after 3 days if tolerated. Note this is an off-license and should only be initiated after discussion with the patient's consultant. Please note that the community substance misuse teams will not be able to support prescribing of this – ongoing prescriptions will likely sit with hepatology.

Acamprosate - licensed for maintenance of abstinence in alcohol dependence. Initiate as soon as possible after abstinence is achieved. Dose: 666mg tds in patients over 60kg; 666mg at breakfast, 333mg at midday and night in those under 60kg. Recommended treatment period is 1 year. Currently shared care guidance in place only allows ongoing primary care prescribing in the County and not the City. The ACT/Liaison Team can advise further.

Disulfiram (Antabuse) – requires specialist supervision, 800mg initial dose, reducing to maintenance dose of 100-200mg daily. All alcohol related products must be avoided completely and once more, specialist community team supervision is required. As with acamprosate, shared care is only available in the County.

Community Services (note these are self-referral and staff referral numbers)

Derby City: Aquarius: Single point of entry for all alcohol referrals tel 0300 7900265 option 3
Support for families affected by alcohol: Aquarius Family Support – 0300 7900265 option 3

Derbyshire County:

Derbyshire Recovery Partnership– Single point of entry for all referrals tel 0845 3084010
Support for families – Community Reinforcement and Family Training (CRAFT 0845 3084010)

Homeless assessments:

Derby Council House – Mon-Fri 9am-4pm

Hospital social services via Extramed or discharge support officer.

Out of hours contact Careline, (City 956606) Derbyshire County 01629 533190

City hostels – Milestone house 642151, Centenary house 200005, patients must be already resident, no direct access

Documentation Controls (these go at the end of the document but before any appendices)

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Training and Dissemination: Forms part of liver handbook which is disseminated to all clinicians rotating through Hepatology				
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