

## Alcohol - Management - ED - Full Clinical Guideline - Derby

Ref No.: CG-EMD/2023/013

There is an acknowledgement by all that management of patients who have been drinking alcohol is fraught with difficulty and these simple guidelines should help the ED and MH teams to work more effectively and efficiently alongside each other.

1. In patients with intoxication/alcohol misuse without other mental health issues.
  - a. Less complex patients can be managed by ED and the patients GP, there is no necessity that patients be assessed by the LT.
  - b. HALT (MHLT) need only get involved in those patients with more complex issues who are at higher risk. (e.g. socially isolated, other medical problems, previous mental health issues, alcoholic seizures)
2. If a patient is clearly too drunk to be assessed then consider admission. If a patient is intoxicated such that an assessment is not possible at 180 minutes then this should be documented in the notes and if the patient breaches a code of "intoxication limiting assessment" should be used, if admission is not possible.
3. When a patient has been drinking and also needs assessment by the liaison team, then ideally a middle grade or above should write into the notes that the patient is now suitable for assessment.
4. If an alco-meter reading is necessary then this should be performed by the Liaison team (PLAN standard 21.5), with clear documentation in the notes that the patient is currently not suitable for assessment. An alco-meter reading should be used alongside patient assessment and shouldn't be used in isolation when considering whether a patient is fit for assessment.
5. If a patient is suicidal and also intoxicated then the ED team should reassess the suicidal intent once the patient is fit for assessment. Some patients have previously expressed suicidal ideation when intoxicated which has resolved when sober. In such patients, an alert ("history of suicidal ideation when intoxicated" ) should be added by the liaison team to indicate this.

6. An over-riding principle should be that assessment should be based on the patient's condition and not on an alco-meter reading. However it should also be noted that patients may need to be assessed more than once and that after an initial assessment, the liaison team may recommend that a patient needs admission as they are not going to be sufficiently sober for assessment prior to 180 minutes in the department.

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### Documentation Controls

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