Managed Alcohol – Inpatients

Quicklinks

Appendix A: Pre-Printed Order – Managed Alcohol - Acute Care Orders

Site Applicability

VGH (Excludes: Emergency Department, Outpatient/Ambulatory Care)

Practice Level

Basic: RN, LPN, RPN

Need to Know

This guideline applies to:

- Patients who are on a Managed Alcohol Program (MAP) in the community, and for whom the Complex Pain and Addictions Services Team (CPAS), or the Consult Liaison Psych (CLP) team, or a prescriber in direct consultation with CPAS or CLP, determines the treatment be continued to avoid withdrawal while in hospital.
- Patients who regularly consume unsafe quantities of alcohol or non-beverage alcohol (e.g. hand sanitizer, rubbing alcohol, mouth wash) in the community may be placed on this protocol at the discretion of the CPAS or CLP, or a prescriber in direct consultation with CPAS or CLP, to avoid withdrawal and/or to encourage engagement in medical treatment while in hospital.
- Alcohol use disorder is a widespread Public Health concern which has significant health consequences and increases the risk for a number of diseases.
- MAPs are a harm reduction strategy that can reduce consumption of non-beverage alcohol and volume of consumed alcohol, Emergency Department visits, and hospital admissions, while improving the health of individuals who are suffering from alcohol use disorder.
- MAPs are particularly useful for patients who engage in non-beverage alcohol consumption, have seizure risks and risks for over-intoxication, and who have repeated unsuccessful attempts at detox and/or decline participation in traditional detox and treatment programs.
- Managed alcohol (MA) offers health care practitioners an opportunity to form a therapeutic relationship with patients who might have had negative experiences with health care in the past.
- The primary goals of managed alcohol for inpatients are to effectively prevent potentially life-threatening withdrawal and to prevent patients seeking other forms of alcohol, such as hand sanitizer, during an in-hospital stay.
- The sedating effects of alcohol can be enhanced by other agents commonly used to treat alcohol withdrawal such as benzodiazepines. Patients receiving managed alcohol should only receive sedating medications that are ordered or approved by CPAS or CLP.

Obtaining Alcohol

Place order via Electronic Health Record (EHR) or Fax Pre-printed Order (PPO) to pharmacy. Pharmacy will provide alcohol supply to unit.

Storing Alcohol

MA inventory will be stored in the Automated Dispensing Cabinet (ADC) or a dedicated locked cupboard on each unit.

Accessing Alcohol using Automated Dispensing Cabinets: Omnicell

See Automated Dispensing Cabinets: Omnicell [D-00-07-30254]

Inventory Control

Like any controlled substance, an inventory count is conducted with each withdrawal to verify the MA inventory and during weekly cycle counts. Discrepancies are to be managed when found and should be resolved by the end of each shift.

Pharmacy will conduct Omnicell Transaction audits on all prescribed MAP patients.

Keys/Access

If applicable, the key to the MA cupboard will be obtained via the ADC. Access to the key is limited to: RNs, RPNs and LPNs. Employed Student Nurses (ESNs), Nursing Students, Nursing Instructors, Nursing Unit Assistants and Patient Care Aides will not handle the managed alcohol cupboard key.

The Patient Services Manager (PSM) or delegate will also have an extra key to the MA cupboard if applicable.

Lost MA cupboard key

When a clinician realizes that keys are missing, the following action must be taken:

- Determine the last time the key(s) were used and by whom
- Contact staff member to determine if key is on their person; if not, determine if the key has been transferred to another person. If key is still not found, speak to all staff that were present at the time the key went missing
- Undertake an immediate and thorough search of the clinical area

- If the key was inadvertently taken home and brought back, ensure staff are reminded of process for key access and return
- Inform the PSM or supervisor that the key is missing
- Complete an Patient Safety Learning System (PSLS) incident report
- Ensure a 'key check' is included in daily narcotic counts (beginning and end of shift)

When a MA key is missing, the cupboard lock and the key must be replaced. The unit will be charged the cost of replacement. The PSM or delegate will coordinate replacement of cupboard lock/key.

Guideline

Managed Alcohol Orders

MA must be prescribed by CPAS, or CLP, or a prescriber in direct consultation with CPAS or CLP.

A pre-printed order (PPO) set will be completed by CPAS or CLP (Appendix A).

Pre-dose Assessment:

Prior to administering a dose of alcohol, assess patient for obvious signs of intoxication:

- Appears unstable on feet
- Slurred speech and/or slow verbal responses

If any of these signs are present, hold dose and reassess prior to next dose. If signs worsen, contact CPAS or CLP immediately.

Per orders, if temperature is greater than 38.5 degrees ºC, contact prescriber.

CIWA Assessments:

CIWA does not guide MA dosing but is used in this context for monitoring. Many withdrawal-related symptoms are not objective - hence all the subjective items on CIWA which tend to be earlier signs of withdrawal are not "observable". Obtain CIWA scores (BID and PRN) to try and identify these patients early even if they don't have overt signs of withdrawal. For CIWA scores greater than "10"; contact prescriber.

Administration

Doses can be undiluted or diluted with either juice or water. Dilution must occur at the patient's bedside. Alcohol must be poured into a cup and labelled with a 'Medication Added' label (see sample label below). Alcohol must be consumed by the patient in the patient's room. The nurse does not need to witness the entire dose being consumed.

Sample "Medication Added" label

Patient Education:

- Discuss risks associated with chronic consumption of alcohol when appropriate
- Discuss harms associated with consumption of non-beverage alcohol such as hand sanitizer, rubbing alcohol, mouthwash, hairspray, etc. when appropriate.

Documentation:

Document alcohol dose(s) administered on the Medication Administration Record (MAR) with the following:

- Alcohol Type
- Dose (in mL)
- Dose # / 24 hour

Note any significant findings (falls, aggression, increased level of sedation, adverse events, etc.) in progress notes and report via PSLS as appropriate.

Wastage:

In the event a whole or partial alcohol dose must be wasted (e.g. when preparing dose, patient off unit, patient refusing dose, change in patient condition, dose becomes contaminated, etc), the nurse will waste the prepared dose in the sink with a witness and document appropriately in the Automated Dispensing System (ADC) or via current manual processes.

Discrepancy / Variance Reporting:

Notify PSM or designate and complete a Patient Safety Learning System (PSLS) report.

Discharge Plan - Transitioning to the Community:

Comprehensive discharge planning must include patient referrals or re-referrals by CPAS or CLP to a Managed Alcohol Program in the community.

References

1. Ambrogne, J. (2002). Reducing risk drinking as a treatment goal: What clinicians need to know. *Journal of Substance Abuse Treatment, 22*(1), 45-53.

2. Marlatt, G. & Witkiewitz, K. (2002). Harm reduction approaches to alcohol use: Health promotion, prevention and treatment. *Addictive Behaviors, 27*(6), 867-886.

3. Nick, H. (2006). Controlled drinking, harm reduction and their roles in response to alcohol related problems. *Addiction Research and Theory, 14*(1), 7-18.

4. Podymow, T., Turnbull, J., Coyle, D., Yetiser, E. & Wells, G. (2006). Shelter based managed alcohol administration to chronically homeless people addicted to alcohol. *Canadian Medical Association Journal, 174*(1), 45-49.

5. Providence Health Care (2019). *DST - Managed Alcohol (Inpatients).*

6. Stockwell T, Pauly BB. Managed alcohol programs: Is it time for a more radical approach to reduce harms for people experiencing homelessness and alcohol use disorders? *Drug And Alcohol Review.* 2018:37 Suppl 1:S129-S131

7. Witkiewitz, K. & Marlatt, G. (2006). Overview of harm reduction treatments for alcohol problems. *The International Journal of Drug Policy, 17*(4), 285-294.

Effective Date:	18-FEB-2020
Posted Date:	18-FEB-2020
Last Revised:	26-Nov-2019
Last Reviewed:	26-Nov-2019
Approved By: *(committee or position)*	VCH
	Endorsed By: Director, Professional Practice, VA
Owners: *(optional)*	VCH
	Developer Lead(s) • Project Manager, Professional practice, VA • Director, Professional Practice, VA **Development Team Member(s):** • Medical Director, MHSU Acute, Tertiary & Urgent Services • Addiction and Consult Psychiatris, Department of Psychiatry, UBC • RN, CNS, Acute Medicine

Appendix A: Pre-Printed Order – Managed Alcohol - Acute Care Orders

IF YOU RECEIVED THIS FACSIMILE IN ERROR, PLEASE CALL 604-875-4077 IMMEDIATELY

Vancouver CoastalHealth
VA: VGH / UBCH / GFS
VC: BP / Purdy / GPC

ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

MANAGED ALCOHOL: ACUTE CARE ORDERS (VGH ONLY)

(items with check boxes must be selected to be ordered) (Page 1 of 1)

Time / Date processed

Date: _____ Time: _____

Managed Alcohol must only be prescribed by Managed Alcohol Services: Complex Pain and Addictions Services (CPAS) team / Consult Liaison Psychiatry (CLP) team

MONITORING: Hold Managed Alcohol Orders and contact Managed Alcohol Services if patient:

- Is unsteady on feet and/or appears unstable
- Has slurred speech and/or slow verbal responses

Conduct CIWA Assessment BID with vital signs (Refer to form DON-109)**
If CIWA greater than 10, contact Managed Alcohol Services
If temperature above 38.5ºC, contact Managed Alcohol Services or most responsible medical provider

LABORATORY: ☐ Serum ethanol, CBC + differential, electrolytes and creatinine daily x 3, then weekly

☐ AST, ALT, alk phos, total bilirubin, INR, LDH, GGT x 1, then weekly

MEDICATIONS:

Discontinue all previous Alcohol Withdrawal Management Orders

Discontinue all benzodiazepines; all new orders for benzodiazepines must be approved by Managed Alcohol Services

MANAGED ALCOHOL:

ONLY **a**lcohol procured through Pharmacy can be provided as listed below:

alcohol ethyl (VODKA) 40% _____ mL PO Q _____ H PRN to a max of _____ doses per 24 hours
(Do NOT exceed 18 doses per 24 hours)

alcohol ethyl (BEER) 1 can (341 to 355 mL) PO Q_____H PRN to a max of _____ doses per 24 hours
(Do NOT exceed 18 doses/24 hours)

To obtain alcohol for the unit, FAX orders to Pharmacy

** Form DON-109 is located at: https://my.vch.ca/dept-project/complex-pain-addiction-services/Documents/CIWA-Form.pdf#search=Form%20DON%2D109

Prescriber's Signature	Printed Name	College ID	Contact Number

1092 VCH.VA.PPO.1092 I Rev.FEB.2020