

Managed Alcohol Program (Inpatients)

Site Applicability

PHC: SPH and MSJ Inpatient Units, **excluding Mental Health**

Practice Level

Basic Skill: RN, RPN, LPN

Need to Know

- Managed Alcohol Programs (MAPs) are a harm reduction approach that can reduce consumption of non-beverage alcohol (e.g., hand sanitizer, rubbing alcohol, mouthwash) and/or volume of consumed beverage alcohol, Emergency Department visits and hospital admissions, while improving the health of individuals with severe Alcohol Use Disorder (AUD).
- MAPs are particularly useful for patients who engage in non-beverage alcohol consumption, are at risk for seizure or over-intoxication, and who have repeated unsuccessful attempts at withdrawal management (detox) and/or decline participation in withdrawal management services and/or treatment programs.
- MAPs help to prevent potentially life-threatening alcohol withdrawal and encourage engagement in medical treatment while receiving care in hospital.
- The Addiction Medicine Consult Team (AMCT) may order Managed Alcohol for patients who are on MAP in community or patients who are at risk of withdrawal from alcohol/non-beverage alcohol.
- Doses of alcohol (diluted or undiluted) are ordered as PRN and appear on the medication administration record (MAR).
- Doses are to be poured into a cup at the bedside and patient are to consume it at their bedside.
- Supply, distribution, and inventory control of Managed Alcohol is maintained by pharmacy. Supplies are issued to Automated Dispensing Cabinets (ADC) located on the unit and administered by nursing staff. When alcohol is stocked in the ADC, an inventory count must be completed by two nurses during weekly cycle counts. A witness is required to remove beer from the fridge. Discrepancies are to be resolved by the end of each shift.
- Managed alcohol (beer and vodka) are controlled substances and must follow health organization guidelines for storage, distribution, inventory count and wastage.

Procedures

Prescriber Orders

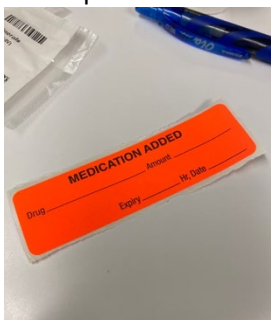
Managed Alcohol must be ordered by the AMCT, or in direct consultation with AMCT, and prescribers will place order in Cerner using the “Managed Alcohol (Module)” PowerPlan.

Initial Assessment

Prior to administration, assess patient for signs of intoxication (e.g., appears unsteady on feet, slurred speech, slow verbal responses). Continue to monitor and do not administer a dose if signs of intoxication are present. If symptoms of intoxication worsen, notify AMCT and/or MRP immediately.

Administration

- Verify managed alcohol orders on the MAR and administer dose following the closed loop medication administration process.
- Vodka can be given undiluted or diluted with juice or water. Dilution **must** occur at the patient’s bedside. Beer and vodka must be poured into a cup in front of the patient at bedside and labelled with a ‘Medication Added’ sticker indicating ‘MAP’ is what is contained in the cup (i.e., do not provide alcohol in its original can or bottle directly to the patient).



- Alcohol must be consumed by the patient in the patient’s room. However, the nurse does not need to witness the entire dose being consumed.

Wastage

In the event that a whole or partial alcohol dose must be wasted (e.g., when preparing dose, patient off unit, patient declining dose, change in patient condition, dose becomes contaminated), the nurse will waste the prepared dose in the sink with a witness and document wastage in the ADC.

Ongoing Assessment

- Assess patient for alcohol withdrawal **BID** using the [Clinical Institute Withdrawal Assessment for Alcohol \(CIWA-Ar\)](#) with vital signs while patient is receiving Managed Alcohol and document in Cerner (see [Appendix A](#)). If **CIWA-Ar score is 10 or greater contact AMCT and/or MRP**.
- **NOTE:** In hospital, managed alcohol is typically ordered as PRN dosing. Sometimes patients are not aware of when and how often they can receive a dose. It is important to assess for withdrawal and offer MAP if safe to administer based on assessment as outlined above.

Documentation

- Document Managed Alcohol doses administered on the MAR.
- Document vital signs and CIWA-Ar assessments in 'Interactive View and I&O' (CIWA-Ar is located under 'Adult Systems Assessment' - see [Appendix A](#)).

Document any abnormal or significant findings and/or interventions in narrative charting.

Patient and Family Education

- Encourage patient to tell you if they are experiencing withdrawal symptoms, or cravings. Advise them of available PRN doses.
- Advise patient to tell you if they are consuming beverage or non-beverage alcohol outside of prescribed Managed Alcohol doses and ask how we can support them and discuss harm reduction and safer consumption if appropriate.

Discharge Planning and Transitioning to Community

Comprehensive discharge planning may include patient referrals or re-referrals by AMCT to a Managed Alcohol Program in the community.

Related Documents

- [B-00-11-10125](#) - Philosophy of Care for Patients and Residents Who Use Substances (Policy)
- [B-00-13-10013](#) - Alcohol Withdrawal: Screening and Management using the Clinical Institute Withdrawal Assessment for Alcohol, revised (CIWA-Ar)
- [B-00-07-10096](#) - Harm Reduction and Managing Substance Use - Acute Care

Additional Education

- [UBC Continuing Professional Development \(UBC CPD\) Addiction Care and Treatment Online Course \(free\)](#)

References

- Ambrogne, J. A. (2002). Reduced-risk drinking as a treatment goal: what clinicians need to know. *Journal of Substance Abuse Treatment*, 22(2002), 45-53. [doi:10.1016/s0740-5472\(01\)00210-0](https://doi.org/10.1016/s0740-5472(01)00210-0)
- British Columbia Centre on Substance Use, BC Ministry of Health, and BC Ministry of Mental Health and Addictions. (2019, December). *Provincial guideline for the clinical management of high-risk drinking and alcohol use disorder*. BCCSU. <https://www.bccsu.ca/alcohol-use-disorder/>
- Marlatt, G.A., & Witkiewitz, K. (2002). Harm reduction approaches to alcohol use: Health promotion, prevention, and treatment. *Addictive Behaviors*, 27(6), 867-886. [doi: 10.1016/S0306-4603\(02\)00294-0](https://doi.org/10.1016/S0306-4603(02)00294-0)
- Heather, N. (2006). Controlled drinking, harm reduction and their roles in the response to alcohol-related problems. *Addiction Research & Theory*, 14(1), 7-18. [doi:10.1080/16066350500489170](https://doi.org/10.1080/16066350500489170)
- Podymow, T., Turnbull, J., Coyle, D., Yetisir, E., & Wells, G. (2006). Shelter-based managed alcohol administration to chronically homeless people addicted to alcohol. *Canadian Medical Association Journal*, 174(1), 45-49. [doi:10.1503/cmaj.1041350](https://doi.org/10.1503/cmaj.1041350)
- Witkiewitz, K., & Marlatt, G. A. (2006). Overview of harm reduction treatments for alcohol problems. *International Journal of Drug Policy*, 17(4), 285-294. [doi:10.1016/j.drugpo.2006.03.005](https://doi.org/10.1016/j.drugpo.2006.03.005)

Appendix A: Clinical Institute Withdrawal Assessment for Alcohol, revised (CIWA-Ar)

Located in Cerner PowerChart in 'Interactive View and I&O' under 'Adult Systems Assessment'

OUCH, IMSOSICK x

OUCH, IMSOSICK DOB:02-Feb-1970 MRN:740013545 Code Status:Previous code status details available.23-Jul-2023
Age:53 years Enc:7400000040638
Gender:Male PHN: 9874526072 Dosing Wt: 65 kg (14-MAY-2020)

Allergies: **ketorolac**

Menu

- Patient Summary
- Pediatric Patient Summary
- Mental Health Summary
- Orders + Add
- Single Patient Task List
- MAR
- MAR Summary
- Interactive View and I&O
- Results Review
- Documentation + Add
- Documentation Filter
- Medication Request
- Histories
- Allergies + Add
- Diagnoses and Problems

Interactive View and I&O

Adult Quick View

Adult Systems Assessment

- NEUROLOGICAL
 - Morse Fall Scale
 - Fall Prevention Interventions
 - Post Fall Evaluation
 - Pupils Assessment
 - Glasgow Coma Assessment
 - Neuromuscular/Extremities Assessment
 - Neurovascular Check
 - CIWA-Ar**
- CARDIOVASCULAR
 - Ischemic Symptoms
 - Cardiac Rhythm Analysis
 - Pulses
 - Edema Assessment
 - Pacemaker/Cardiac Rhythm Devices
- RESPIRATORY
 - Airway Management
 - Breath Sounds Assessment
 - Mobilization of Secretions

Find Item ☐ Critical ☐ High ☐ Low ☐ Abnormal ☐ Unau

| Result | Comments | Flag | Date |
|---------------------------------------|----------|------|-----------------------|
| CIWA-Ar | | | 22-Dec-2023 09:08 PST |
| Nausea or Vomiting | | | |
| Tremors | | | |
| Paroxysmal Sweats | | | |
| Anxiety | | | |
| Agitation | | | |
| Tactile Disturbances | | | |
| Auditory Disturbances | | | |
| Visual Disturbances | | | |
| Headache, Fullness in Head | | | |
| Orientation and Clouding of Sensorium | | | |
| CIWA-Ar Total Score | | | |

Persons/Groups Consulted

Addiction Medicine Consult Team, PHC

Urban Health Program, PHC

Clinical Nurse Specialist, Medicine Program

Patient Care Manager, Medicine, PHC

Patient Care Manager, Urban Health Program, PHC

Revised By:

Nurse Educators, Medication Safety

Pharmacy Distribution Services

Nurse Educator Urban Health/Addictions Medicine

Clinical Nurse Specialist, Substance Use

| | |
|--------------------------------|---|
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| Last Reviewed: | 10-JAN-2024 |
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| | Professional Practice Standards Committee |
| Owners: | PHC |
| | Urban Health |