Improving Care Provided To Intoxicated Patients In ED

Identifying And Managing Risk Factors When Caring For Intoxicated Patients In Emergency Department

Introduction

Acute alcohol intoxication presentations are becoming more prominent in Emergency Departments (ED). This group of patients frequently display a range of challenging behaviours which significantly increase the burden/case load for emergency staff. These presentations are also causing a huge burden on the health care system in relation to ED triages and admissions, further impacting on the clinical care provided to other patients within the department.

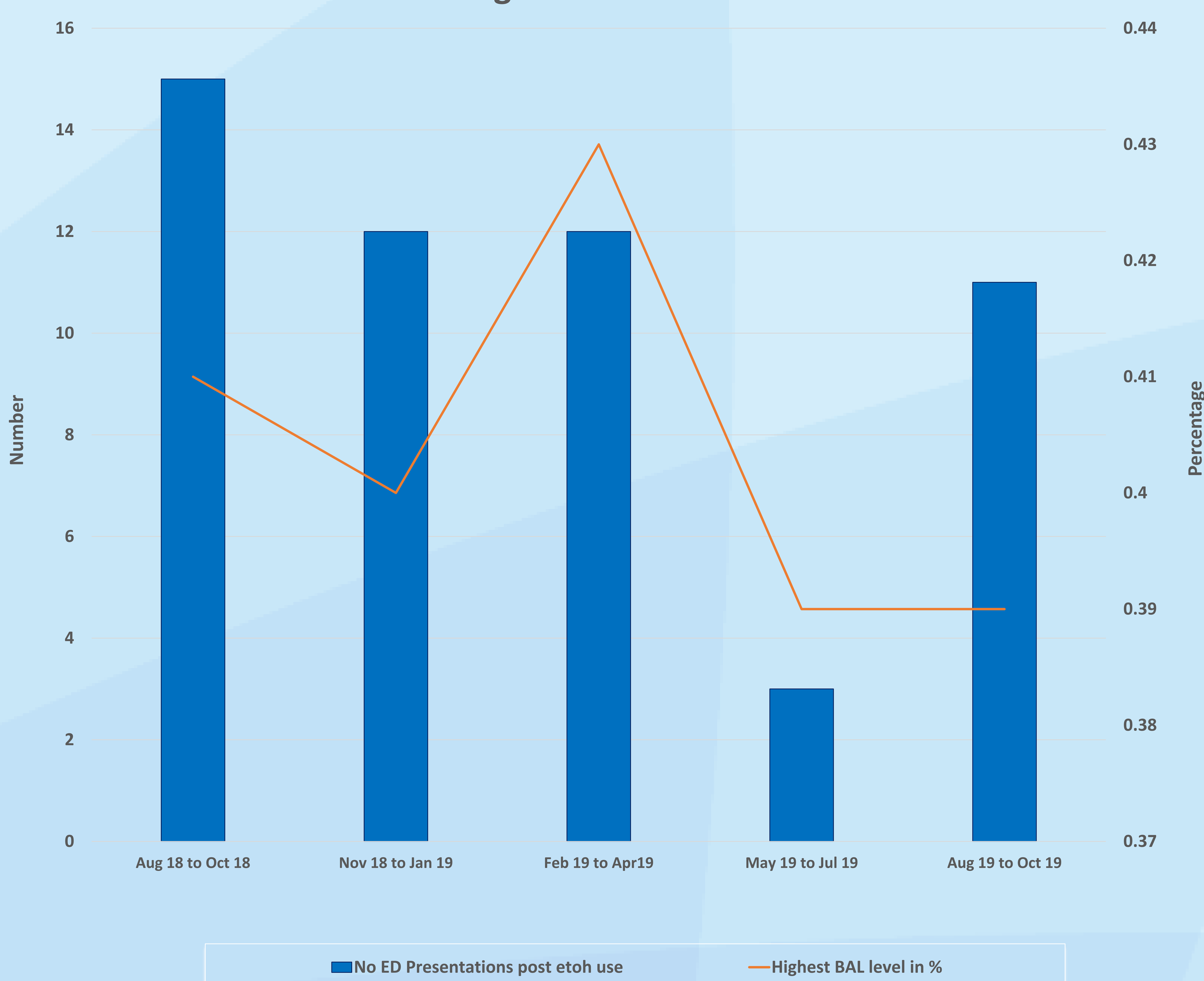
Case study

A 40 year old female presented intoxicated 53 times, in the last 12 months into 3 different ED's in Western Sydney Local Health District (WSLHD). Her presentations often raised some ethical dilemmas which could make a health practitioner question the 'Duty of Care Principle'. These issues include:

1) absconding prior to medical review post ED triage despite remaining intoxicated
2) discharges against medical advise within the first 24 hours prior to 'sobering up'

On each presentation this patient has had Blood Alcohol Level (BAL) that ranged from 0.21% to 0.43%.
She has also attended Involuntary Drug and Alcohol Treatment, 2 times in the last 18 months within NSW.

Number of ED presentations post ETOH use and highest BAL range in the last 12 months



Ways to improve quality of care provided:

1) 1) We need to consider alternative ways of managing intoxication outside of ED, such as sobering up shelters or drunk tanks, which are currently used in other states and countries (NT, ACT, UK).

2)Policies on management of patients who bring in alcohol to acute care settings which include:
-Ensuring staff and other patients' safety
-Standardised approaches in managing the possession of alcohol by patients.

3)When a patient wants to discharge against medical advise after presenting with alcohol intoxication, the following key issues need to be addressed:

- Does the patient have capacity i.e.: not confused or in some type of delirium, head injury ruled out?
- Will this patient benefit from a short time framed schedule or chemical restraint to allow better decision making post sobering up?

- What is the time-frame for sobering up and what BAL level is considered 'medically cleared' for discharge? Should it be the same as NSW Roads and Maritime Services (RMS) BAL range of 0.05% or less?
- Is there a responsible adult who can take the patient home safely if BAL is higher then 0.05%?

Conclusion

There is lack of current guidelines and procedures to assist staff in providing safe patient care when dealing with intoxicated patients in WSLHD as well as in the state. Current guidelines in NSW were last updated in 2008 and remain under review. The guidelines are very broad and do not assist staff when dealing with the dilemmas mentioned above. Collaborative and multi-disciplinary guidelines need to be prioritised and developed in order to guide best practice and to ensure the provision of safe and quality care. These guidelines will assist in mitigating some of the organisational and patient safety risks identified by clinicians when practising 'Duty of Care'.

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