St Helens and Knowsley Teaching Hospitals NHS Trust

Acute Alcohol Withdrawal Treatment Policy

Version No: 3

Document Summary:
This policy provides guidance and processes for identifying, assessing and treating patients who are suffering or are at risk of developing acute alcohol withdrawal

Document status	Approved	
Document type	Policy	**Trust wide**
Document number	STHK0446	
Approving body	Clinical Effectiveness Council	
Date approved	09/08/2021	
Date implemented	09/08/2021	
Review date	31/08/2024	
Accountable Director	Medical Director	
Policy Author	Clinical Director AED Alcohol Liaison Nurse	
Target audience	Clinical staff	

The intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as "uncontrolled", as they may not contain the latest updates and amendments.

Document Control

Section 1 – Document Information	
Title	Acute Alcohol Withdrawal Policy
Directorate	Medical
Brief Description of amendments	
Reformatted Amendment to appendices	
Does the document follow the Trust agreed format?	Yes
Are all mandatory headings complete?	Yes
Does the document outline clearly the monitoring compliance and performance management?	Yes
Equality Analysis completed?	Yes

Section 2 – Consultation Information* *Please remember to consult with all services provided by the Trust, including Community & Primary Care			
Consultation Completed	☐ Trust wide ☐ Local ☐ Specific staff group		
Consultation start date	Click here to enter a date.	**Consultation end date**	Click here to enter a date.

Section 3 – Version Control		
Version	**Date Approved**	**Brief Summary of Changes**
1	01/08/2015	New Policy
2	17/07/2018	Reformatted Amendment to appendices
3	05/07/2021	Reformatted Amendment to appendices
	Click here to enter a date.	

Section 4 – Approval *– To be completed by Document Control*			
Document Approved	☑ Approved ☐ Approved with minor amendments		
Assurance provided by Author & Chair	☑ Minutes of Meeting ☐ Email with Chairs approval		
Date approved	09/08/2021	**Review date**	31/08/2024

Section 5 – Withdrawal *– To be completed by Document Control*	
Reason for withdrawal	☐ No longer required ☐ Superseded
Assurance provided by Author & Chair	☐ Minutes of Meeting ☐ Email with Chairs approval
Date Withdrawn:	Click here to enter a date.

Contents

1. Scope

For patients who attend and/or are admitted to Whiston Hospital:

- Are physically dependant on alcohol
- Are at risk of suffering acute alcohol withdrawal
- Are at risk of developing complications of acute alcohol withdrawal

2. Introduction

NICE (2017) estimated that 40% of patients' admitted with alcohol related problems will experience Acute Alcohol Withdrawal (AAW) while in hospital. Therefore identification of patients at risk is fundamental for the provision of care that is of the standards this trust embeds within its corporate objectives (NHS England 6Cs)

Certainly the 6 Cs are central in the processes involved that encourage a patient's self-worth which in turn is essential for motivation to make positive life-style changes. Indeed Otto (2014) identifies hospitalization as a motivational trigger that presents a window of opportunity for staff to have positive influences on a person to feel worthy of health. Furthermore Benson et-al (2012) emphasize how poor management of AAW will affects the physical and psychological wellbeing of the patients suffering AAW, other patients and the staff caring for these patients. Therefore competently preventing and/or providing effective treatment of AAW is axiomatic for:

- Patient safety i.e. prevention of the progression to complex AAW Delirium Tremens and/or Seizures (NICE CG 115 2011)
- Patient comfort
- Patient confidence
- Patient satisfaction
- Patient self-worth
- The wellbeing of staff

Pharmacological management of AAW requires a trust wide assessment and treatment protocol that incorporates

- Evidenced based treatments consistent throughout the trust.
- Personnel who feel competent, confident and supported to deliver AAW care.
- Empathetic attitudes towards this group of patients.
- Robust monitoring and evaluation processes.

The National Institute for Clinical excellence (NICE) provide guidance in CG115 2011 reviewed in 2015 for both symptom triggered and fixed dose AAW treatments. Recommendations advocate the use of validated screening and assessment tools, however emphasise the importance of including clinical judgment such as caution in:

- Pregnancy
- Liver diseases
- Elderly

For the purpose of improved and the continuity of patient care, the trusts alcohol steering group identified a diverse group of clinicians to evaluate AAW treatments in other acute trusts. The outcome is the adaption of a validated symptom trigged assessment tool the Glasgow Modified Alcohol Withdrawal Scale (GMAWS) (Benson McPherson & Reid 2012) that integrates screening

the risks of developing AAW while incorporating assessment of symptoms that guide treatment (appendix 1).

The adaptations include:
 Fast Alcohol Screening Test (FAST) to the shortened version of the Alcohol Use Disorder identification Test (AUDIT-C) (appendix 1)
 Diazepam to Chlordiazepoxide (equivalents have been calculated)

NICE (CG115 2011) advice that the full Alcohol Use Disorders Identification Tool (AUDIT) screening tool identified possible physical alcohol dependence with a score of 20 out of 40. However this is a 10 item tool that is time consuming and deemed impractical in busy clinical settings. The shortened version is the validated AUDIT-C. Indeed Beich et-al (2003) and Coulton et-al (2009) advocate that shorten versions of screening tools are more practical thus more likely to be utilised by practitioners. The AUDIT-C identifies a score of 5 out of twelve as AUDIT positive. A score above 5 is identified as high risk drinking. A score of 10 indicates drinking 10 or more units daily or almost daily which highlights increased risks of developing AAW with abrupt cessation. This combined with assessment of symptoms utilising the GMAWS will guide management and treatment.

3. Statement of Intent

To ensure the delivery of evidenced based safe effective treatment of Acute Alcohol Withdrawal for patients admitted to Whiston Hospital

4. Definitions

Abbreviation	Meaning
AAW:	Acute Alcohol Withdrawal
ALN:	Alcohol Liaison Nurse
AED:	Accident & Emergency Department
KSF:	Knowledge and Skills Framework
AUDIT:	Alcohol Use Disorder Identification Tool
GMAWS	Glasgow Modified Alcohol Withdrawal Scale

5. Duties, Accountabilities and Responsibilities

5.1 Chief Executive

5.2 Alcohol Liaison Team and Medical Consultants

The Alcohol Liaison team and Medical Consultants will be responsible for implementation of the policy. To work as a team for the production, implementation and evaluation of a policy to guide a pathway of treatment throughout the in-patient hospital settings

6. Process

6:1 Inpatient Care

If a patient on the ward is assessed as withdrawing from alcohol, or likely to withdraw from alcohol, then the pathway in Appendix 1 can be used. This will guide the staff member as to the medication required to be prescribed, and the on-going assessment needed to safely manage the patient's withdrawal from alcohol.

6:2 Referrals to the Alcohol Liaison Team

Referrals can be made by any member of staff and at any time by completing a referral online via the careflow connect or by bleeping the alcohol liaison team on bleep number 7233. Operational Hours of the Alcohol Liaison Team are 07:00 – 21:00, 7 days a week 365 days a year.
Anyone seen in the AED and then admitted to the wards will be followed up, but if in doubt please refer for a review.

7. Training

7:1 Required Competencies:

For registered nurses with relevant post registration competencies developed in accordance with the 6 core dimensions of the Knowledge and Skills Frameworks (KSF) incorporating skills for assessment of patient symptoms that guide actions and administrating prescribed medications.

Doctors and non-medical nurse prescribers require competencies as specified by their relevant governing bodies (GMC, NMC)

The Alcohol Liaison Nurses will provide formal training in areas where the protocol is to be used
The Alcohol Liaison Nurses will provide on-going support to all clinical staff on an as requested basis

8. Monitoring Compliance

8.1 Key Performance Indicators (KPIs) of the Policy

No	Key Performance Indicators (KPIs) Expected Outcomes
1	Reduction in Hospital length of stay
2	Reduction in violence and aggression caused by AAW

8.2 Performance Management of the Policy

Minimum Requirement to be Monitored	Lead(s)	Tool	Frequency	Reporting Arrangements	Lead(s) for acting on Recommendations
Reduction in hospital length of stay.	Alcohol Team Lead	Hospital coding	Biannually	Alcohol Steering Group	Alcohol Team Lead
Reduction in Violence and aggression caused by AAW	Datix Analysis Alcohol Teams Administration	Datix Reports Data Collection Trusts Audit Team	Quarterly	Alcohol Steering Group	Alcohol Team Lead

9. References

No	Reference
1	American-Psychiatric-Association (2000). Diagnostic and statistical manual of mental disorders. Washington D C, American-Psychiatric-Association.
2	Department-of-Health (1995). Sensible Drinking. London, DOH.
3	Department-of-Health (2006). "Models of Care for Alcohol Misuse."
4	Foy, A., S. McKay, et al. (2006). "Clinical use of a shortened alcohol withdrawal scale in a general hospital." Intern Med J 36(3): 150-154.
5	Grant, B. F. (1996). "DSM-IV, DSM-III-R, and ICD-10 alcohol and drug abuse/harmful use and dependence, United States, 1992: a nosological comparison." Alcohol Clin Exp Res 20(8): 1481-1488.
6	NICE (2011). Alcohol-use disorders: Diagnosis and clinical management of alcohol-related physical complications. London, NICE
7	NICE (2011). Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. London, NICE
8	Saunders, J. B., O. G. Aasland, et al. (1993). "Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO Collaborative Project on Early Detection of Persons with Harmful Alcohol Consumption--II." Addiction 88(6): 791-804
9	Stockwell, T., D. Murphy, et al. (1983). "The severity of alcohol dependence questionnaire: its use, reliability and validity." Br J Addict 78(2): 145-155
10	WHO (2001). Alcohol in the European Region - consumption, harm and policies. Stockholm, WHO
11	Beich, A. Thorsen, T. Rollnick, S (2003) Screening in Brief intervention Trials, targeting excessive drinkers in general practice: Systematic review & meta-analysis. BMJ 2003 327 (7414): 536-542
12	Benson, G. McPherson, A. & Reid, S. (2012) An Alcohol Withdrawal Tool for Use in Hospitals: Nursing Times vol 108 (26) 15-17

13	Coulton, S. perryman, K. Bland, M. Cassidy, P. Crawfird, M. Delua, P. Drummond, C. Gilvarry, E. Godfrey, C. Heather, N. Kaner, E. Myles, J. Newberry-Birch, D. Oyefeso, A. Parrott, S. Phillips, T. Shenker, D. Shepherd, J. (2009) Screening and brief interventions for hazardous alcohol use in accident and emergency departments: A randomised control trail protocol. BMC Health Services research 2009. http://www.biomedcentral.com
14	NHS England 6cs
15	NICE: Alcohol-use disorders: Diagnosis and clinical management of alcohol related physical complications. NICE London 2010 [Updated 2017]
16	NICE: Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence, Clinical guidance 115. February 2011
17	Otto, M.E. Hom, J.K. Shah, S.M. Young, N.C. Fisher, W.S. Pierwissi, E. (2014) A resident initiative to increase use of naltrexone for alcohol use disorder at a safety net hospital: Journal of internal Medicine vol 29 (S13-S14) April 14

10. Related Trust Documents

[List any procedural documents which are referenced within the text.]

No	Related Document
1	Drug Alcohol Dependent Pregnant Women
2	Discharge Policy
3	Information Governance Policy

11. Equality Analysis Form

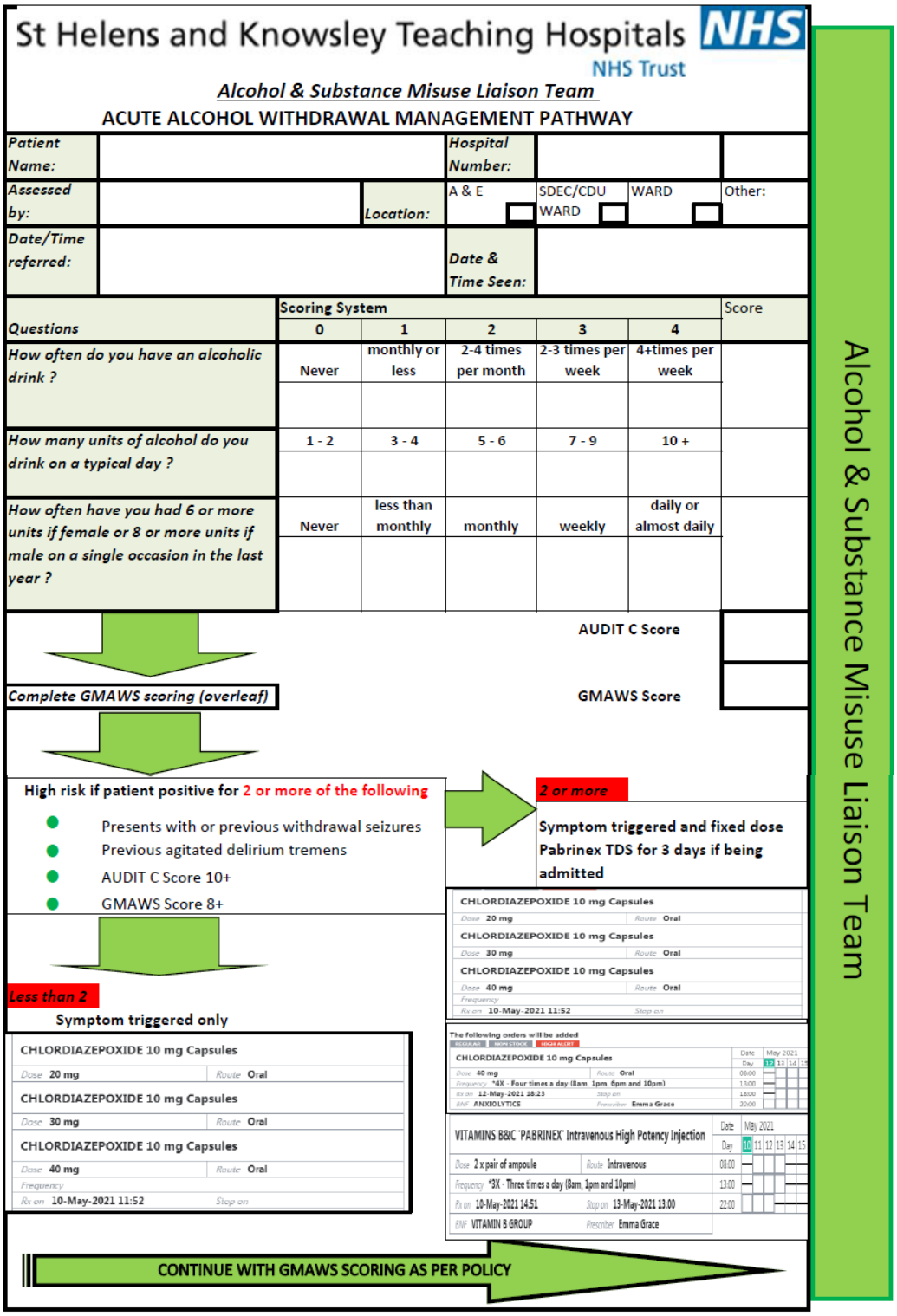
The screening assessment must be carried out on all policies, procedures, organisational changes, service changes, cost improvement programmes and transformation projects at the earliest stage in the planning process to ascertain whether a full equality analysis is required. This assessment must be attached to all procedural documents prior to their submission to the appropriate approving body. A separate copy of the assessment must be forwarded to the Patient Inclusion and Experience Lead for monitoring purposes. Cheryl.farmer@sthk.nhs.uk. If this screening assessment indicates that discrimination could potentially be introduced then seek advice from the Patient Inclusion and Experience Lead. A full equality analysis must be considered on any cost improvement schemes, organisational changes or service changes which could have an impact on patients or staff.

Equality Analysis			
Title of Document/proposal /service/cost improvement plan etc:	Acute Alcohol Withdrawal Policy		
Date of Assessment	05/07/2021	**Name of Person completing assessment /job title:**	Emma Grace
Lead Executive Director	Medical Director		Alcohol Liaison Team Leader

	Does the proposal, service or document affect one group more or less favourably than other group(s) on the basis of their:	**Yes / No**	**Justification/evidence and data source**
1	Age	Yes	Commissioned only for patients aged 17 years and above.
2	Disability (including learning disability, physical, sensory or mental impairment)	No	Click here to enter text.
3	Gender reassignment	No	Click here to enter text.
4	Marriage or civil partnership	No	Click here to enter text.
5	Pregnancy or maternity	No	Click here to enter text.
6	Race	No	Click here to enter text.
7	Religion or belief	No	Click here to enter text.
8	Sex	No	Click here to enter text.
9	Sexual Orientation	No	Click here to enter text.
	Human Rights – are there any issues which might affect a person's human rights?	**Yes / No**	**Justification/evidence and data source**
1	Right to life	No	Click here to enter text.
2	Right to freedom from degrading or humiliating treatment	No	Click here to enter text.
3	Right to privacy or family life	No	Click here to enter text.
4	Any other of the human rights?	No	Click here to enter text.

Lead of Service Review & Approval	
Service Manager completing review & approval Job Title:	Emma Grace Alcohol Liaison Team Leader

Appendix 1 – Acute Alcohol Withdrawal (GMAWS)



St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

Alcohol & Substance Misuse Liaison Team

ACUTE ALCOHOL WITHDRAWAL MANAGEMENT PATHWAY

Patient Name:		*Hospital Number:*			
Assessed by:		*Location:*	A & E ☐	SDEC/CDU WARD ☐	WARD ☐ Other:
Date/Time referred:		*Date & Time Seen:*			

Questions	Scoring System 0	1	2	3	4	Score
How often do you have an alcoholic drink ?	Never	monthly or less	2-4 times per month	2-3 times per week	4+times per week	
How many units of alcohol do you drink on a typical day ?	1 - 2	3 - 4	5 - 6	7 - 9	10 +	
How often have you had 6 or more units if female or 8 or more units if male on a single occasion in the last year ?	Never	less than monthly	monthly	weekly	daily or almost daily	

AUDIT C Score

GMAWS Score

Complete GMAWS scoring (overleaf)

High risk if patient positive for 2 or more of the following

- Presents with or previous withdrawal seizures
- Previous agitated delirium tremens
- AUDIT C Score 10+
- GMAWS Score 8+

2 or more

Symptom triggered and fixed dose Pabrinex TDS for 3 days if being admitted

CHLORDIAZEPOXIDE 10 mg Capsules
Dose 20 mg Route Oral
CHLORDIAZEPOXIDE 10 mg Capsules
Dose 30 mg Route Oral
CHLORDIAZEPOXIDE 10 mg Capsules
Dose 40 mg Route Oral
Frequency
Rx on 10-May-2021 11:52 Stop on

The following orders will be added
CHLORDIAZEPOXIDE 10 mg Capsules
Dose 40 mg Route Oral
Frequency *4X - Four times a day (8am, 1pm, 6pm and 10pm)
Rx on 12-May-2021 18:23 Stop on
BNF ANXIOLYTICS Prescriber Emma Grace

VITAMINS B&C 'PABRINEX' Intravenous High Potency Injection
Dose 2 x pair of ampoule Route Intravenous
Frequency *3X - Three times a day (8am, 1pm and 10pm)
Rx on 10-May-2021 14:51 Stop on 13-May-2021 13:00
BNF VITAMIN B GROUP Prescriber Emma Grace

Less than 2

Symptom triggered only

CHLORDIAZEPOXIDE 10 mg Capsules
Dose 20 mg Route Oral
CHLORDIAZEPOXIDE 10 mg Capsules
Dose 30 mg Route Oral
CHLORDIAZEPOXIDE 10 mg Capsules
Dose 40 mg Route Oral
Frequency
Rx on 10-May-2021 11:52 Stop on

CONTINUE WITH GMAWS SCORING AS PER POLICY

Alcohol & Substance Misuse Liaison Team

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

Alcohol & Substance Misuse Liaison Team

Glasgow Modified Alcohol Withdrawal Scale (GMAWS) Treatment Option:	**Symptom Triggered ONLY (Low Risk)**					**Symptom Triggered & FIXED DOSE (High Risk)**						
DATE:												
TIME:												
TREMOR – ***NONE=0, ON MOVEMENT=1 AT REST=2***												
SWEATING - ***NONE=0, MOIST=1, DRENCHING=2***												
HALLUCINATIONS – ***NONE=0, DISSUADABLE=1, NOT DISSUADABLE=2***												
ORIENTATION – ***ORIENTATED=0, VAGUE=1, DISORIENTATED=2***												
AGITATION – ***CALM=0, ANXIOUS=1, PANICKY=2***												
SCORE												
ESCALATION	**Y / N**	**Y / N**	**Y / N**	**Y / N**	**Y / N**	**Y / N**	**Y / N**	**Y / N**	**Y / N**	**Y / N**	**Y / N**	**Y / N**
CHLORDIAZEPOXIDE DOSE												
TOTAL CHLORDIAZEPOXIDE GIVEN IN PAST 24												
SIGNATURE:												

0 = REPEAT SCORING IN 4 HOURS(DISCONTINUE SCORING ON 2 CONSECUTIVE OCCASIONS IF SCORE 0 EACH TIME, ***EXCEPT IF LESS THAN 48 HOURS SINCE LAST DRINK.***

1 - 3 = GIVE 20MG CHLORDIAZEPOXIDE, REPEAT SCORING IN 4 HOURS OR SOONER

4 - 8 = GIVE 30MG CHLORDIAZEPOXIDE, REPEAT SCORING IN 2 HOURS OR SOONER

9 - 10 = GIVE 40MG CHLORDIAZEPOXIDE, REPEAT SCORING IN 1 HOUR OR SOONER& NOTIFY DOCTOR. ***INITIATE "COMPLICATION OF ACUTE ALCOHOL WITHDRAWALS" PATHWAY***

ESCALATION

- ***IF SCORING 6 OR ABOVE ON GMAWS***
- ***GMAWS ESCALATING DESPITE TREATMENT FOR AAW***

Maximum 250mgs Chlordiazepoxide in 24 hours including fixed dose. Senior medical staff should be consulted if this limit is to be exceeded.

DO NOT PRESCRIBE PHENYTOIN FOR ALCOHOL WITHDRAWAL SEIZURES

WHEN PRN DOSES NO LONGER REQUIRED, REDUCED FIXED DOSE SHOULD BE PRESCRIBED-

- CHLORDIAZEPOXIDE 30MG QDS 24 HOURS ONLY THEN
- CHLORDIAZEPOXIDE 20MG QDS 24 HOURS ONLY THEN
- CHLORDIAZEPOXIDE 10MG QDS 24 HOURS ONLY THEN STOP

If patient scores 0 for 24 hours and on a fixed dose, then discontinue symptom triggered and commence reducing fixed dose

DURING THIS REDUCTION REGIME NO ADDITIONAL PRN CHLORDIAZEPOXIDE SHOULD BE

THIS IS NOT A PRESCRIPTION

ALL CHLORDIAZEPOXIDE MUST BE PRESCRIBED AND SIGNED FOR ON KARDEX.
CAUTION WITH HEPATIC ENCEPHALOPATHY – SEE ADVICE

Original author: Substance Misuse Liaison Team –March 2017	Reviewed April 2021	Next review due: April 2022	Version Number 1.1

Alcohol & Substance Misuse Liaison Team