

Withdrawal Management Alcohol Case A: ED Huddle Education Tool

Case Study

A patient arrives in the emergency department reporting feeling severely unwell, experiencing vomiting, hand tremors and sweats.

A patient is moved into an acute care space by the triage nurse. You are at the bedside completing your ED Adult Assessment and notice the patient has hand tremors and sweats, is retching, and states, “feels like crap”.

- What assessment would you utilize for suspected alcohol withdrawal?
- What would be your next steps – for mild, moderate or severe alcohol withdrawal?
- What evidence-based care would you provide this patient?

How would you complete ED documentation?

Answer

1. Assessment Tools:

- Predication of Alcohol Withdrawal Sedation Scale (PAWSS)- pre-screening tool assess risk developing alcohol withdrawal syndrome
- CIWA – to assess severity of withdrawal and monitoring symptoms and determine treatment intervention

2. Identify Withdrawal Symptoms: this patient is experiencing moderate alcohol withdrawal

3. Next Steps: What are next steps you might take?

- **Prioritize Safety of patient:** Refer to inpatient facility for supervised withdrawal management. Consider medical treatment of benzodiazepines: carbamazepine, gabapentin, or clonidine.
- **Provide Comfort:** Offer basic comforts like food and water if patient is interested. Utilize medications (including adjunct non-opioid medications) to minimize discomfort and prevent patient-initiated discharge.

Note: Prevention of severe Alcohol Withdrawal is essential – these symptoms can result in death fatal (DT, Seizures and Coma).

Resources

- **Local Substance Use Consult Service**

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- **Clinical Resources and Tools:**
 - PAWSS, CIWA
 - Screening and Assessment Tools
- **BCCSU Clinical Resources:**
 - Alcohol Use Disorder
 - Acute Clinical Care Guidance
- Alcohol Withdrawal Management Pathway
- Alcohol Management Pharmacology