

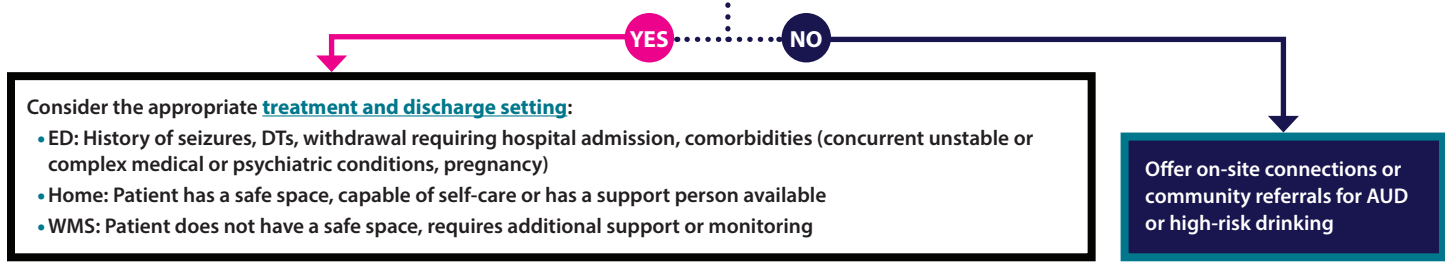
Approach to ED Patients With Alcohol-Related Presentations

Patient presents to ED with alcohol use disorder/presentation associated with high-risk alcohol use:

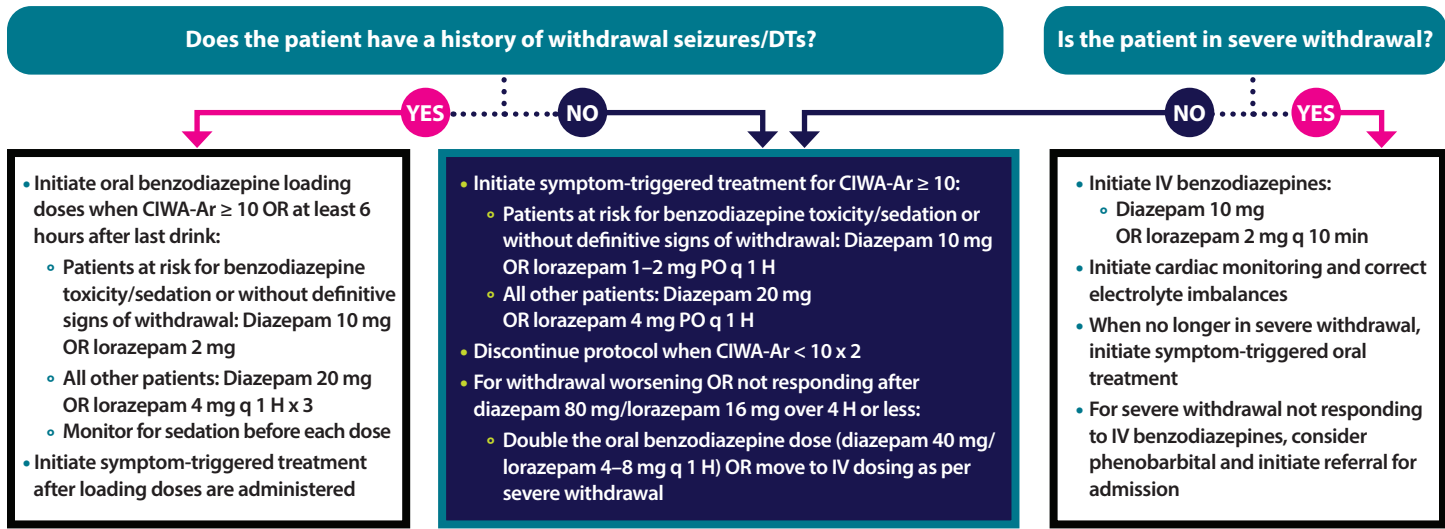
- Alcohol intoxication
- Alcohol withdrawal (including seizures)
- Trauma (e.g., accident, assault)
- Chest pains/arrhythmias
- Hepatic and extra-hepatic sequelae (e.g., ascites)
- GI issues (e.g., pancreatitis, gastritis)
- Psychiatric conditions (e.g., self-harm, suicidal ideation)
- “Unwell”
- Repeat ED visits

- Treat presenting condition(s)
- Perform **brief negotiated interview**: Is the patient’s presenting condition likely connected to their alcohol use?

Does the patient have a current goal of alcohol cessation OR will be in the ED long enough that they will experience alcohol withdrawal?



ED WITHDRAWAL MANAGEMENT



- For all patients:**
- Connect with ED substance use navigator/peer worker if available
 - Provide thiamine 300 mg IM or IV
 - Discharge prescriptions:
 - **Anti-craving medication** (**naltrexone**, **acamprosate**, and/or **gabapentin**)
 - **Thiamine** 100 mg OD x 30 days
 - Consider outpatient **gabapentin** or **benzodiazepine** if withdrawal is expected to last after ED treatment
 - Recommend follow-up with primary care provider and/or community substance use clinic
 - Send **naltrexone**, **acamprosate**, and/or **gabapentin** discharge information for primary care
 - Provide **patient handout**