

Toolkit for Alcohol-Related Presentations to the Emergency Department

PURPOSE

This toolkit was created for emergency department (ED) providers to optimize management of alcohol-related presentations.

SCOPE

This toolkit was created for ED providers, including counsellors, nurses, nurse practitioners, peer support workers, pharmacists, physicians, and social workers. There are various tools in this toolkit, and we hope that clinicians will find and use those most helpful to their role.

This toolkit addresses the effective treatment of alcohol withdrawal, management of other alcohol-related presentations, brief counselling interventions, initiation of anti-craving medications, and referral to community resources. The tools include evidence-informed recommendations, order sets, algorithms, sample prescriptions, and patient materials.

DEVELOPMENT

The toolkit provides updated evidence-informed guidance regarding management of alcohol-related presentations to the ED. The components of the toolkit were informed by focused literature reviews using combinations of search terms, including the following: alcohol withdrawal, emergency department, withdrawal scales, diazepam, naltrexone, acamprosate, gabapentin, seizures, arrhythmias, and thiamine. Included were available published guidelines focused on alcohol and withdrawal such as those from British Columbia Centre on Substance Use, the American Society of Addiction Medicine, the American Academy of Emergency Medicine, Alberta Health Services, and the Australian government. The group of authors was selected to represent different geographic locations across Ontario, various professions, and both clinical and experiential expertise of substance use. Authors worked towards group consensus; points of disagreement among the authors are noted in the text. The toolkit has undergone a comprehensive review by META:PHI's advisory.

RATIONALE

Alcohol-related ED visits are more costly than all other substance use ED presentations combined and are increasingly common and severe, having been made worse during the COVID-19 pandemic. People who visit the ED for alcohol-related reasons are at higher risk for death than the general population. Preliminary evidence suggests that optimal management in the ED reduces return visits to the ED and improves drinking outcomes. It is thus critical that ED clinicians have readily available information to help guide care and improve patient outcomes.

LIMITATIONS

Toolkit development did not include an extensive or systematic literature review, and it does not cover all possible alcohol-related presentations or considerations. Instead, it focuses on common and high-risk presentations and was based on expert opinion and informed by the available evidence.

FUTURE GOALS

It is our hope that the toolkit will encourage EDs to focus on alcohol-related presentations given their high-risk nature and cost. This should include increasing capacity for ED training and education, increasing peer support and addiction consultation staffing, promoting alcohol withdrawal management and initiation of anti-craving medications in the ED, and working to improve communication with community partners.

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