Appendix E – Admission Criteria – Alcohol-Related Attendances

Treat injury/illness as per presentation. Use PAT (A&E/CDU) or Audit-C (MAU/SAU) to screen re alcohol use.

A&E/Initial Management
Risk or Signs of Wernicke's
- Pabrinex IVHP – 2 pairs (100mls NaCl)
- Chlordiazepoxide 20-30mgs

No signs Werkicke's, but Early Withdrawal
- Chlordiazepoxide 10-20mgs
- Oral Thiamine

SEE CHFT ACUTE WITHDRAWAL GUIDANCE

SCREEN AND REFER ALL ATTENDANCES TO ALCOHOL LIAISON AS APPROPRIATE

Needs Admission?

No

Discharge
- Consent for Referral to alcohol services as appropriate (age dependent) – See pathways
- Discuss with liaison team if necessary

Yes

Yes

Surgical Admissions
- Significant GI Bleed, or High-Risk of re-bleed, should be admitted to SAU under joint care with Medicine.
  CRH – may be initially admitted to MAU
- Pancreatitis

A&E CDU Admissions
- Head Injury
- Not sober enough to leave at 4hrs - Intoxication pathway

NB – PAT screen on all alcohol-related admissions prior to discharge

Admission to Medicine
- ALL patients with symptoms / signs of Wernicke's
- ALL patients with Delirium Tremens i.e patient stopped drinking 48-72 hours ago with evidence of autonomic over-activity: coarse tremor, agitation, fever, tachycardia, profound confusion, delusions and hallucinations (& particularly if history of previous alcohol withdrawal seizure or DTs)
- ALL alcohol withdrawal fits if patient to remain abstinent
- ALL alcohol related seizures with possible other trigger i.e. underlying brain injury, infective or metabolic cause
- If physically unwell i.e. being admitted for another medical reason (withdrawal secondary process)
- ALL decompensated alcoholic liver disease

SEE CHFT ACUTE WITHDRAWAL GUIDANCE
USE CIWA-Ar FOR ONGOING ACUTE WITHDRAWAL MANAGEMENT