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Care and Management of Intoxicated People Using CWP Services

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Type of document	Standard Operating Procedure
Target audience	All clinical staff
Document purpose	To provide clinical staff with advice and support in management of intoxicated service users who use our services.

Approving meeting	Clinical Practice and Standards Sub Committee	Date 12-Dec-19
Implementation date	12-Dec-19	

CWP documents to be read in conjunction with	
CP1	Admission, Discharge and Transfer Policy
CP3	Health Records Policy
CP5	Clinical Risk assessment Policy
CP6	Management of violence and aggression
CP12	Searching of service users and environments
CP35	Physical Health in Mental Health Pathway and policy
CP42	Care Planning (CPA) and Standard (care) policy)
CP59	Medical Device and Equipment Policy
GR1	Incident reporting and management policy
GR30	Decontamination of Equipment Policy
HR6	Mandatory Employee Learning (MEL) Policy
HS1	Waste management policy
IC2	Hand decontamination policy and procedure
SOP3	Physical observations assessment and the management of altered levels of consciousness (including NEWS 2, PEWS, Pregnancy EWS, AVPU, GCS.

Document change history	
What is different?	Policy recoded in line with policy library reshape
Appendices / electronic forms	
What is the impact of change?	Low

Training requirements	Yes - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.

Document consultation	
Clinical Services	Who within this service have you spoken to

Corporate services	Who within this service have you spoken to
External agencies	Who within this service have you spoken to

Financial resource implications	None

External references

1. Dougherty, L & Lister,S (2011) The Royal Marsden Hospital Manual Of Clinical Nursing Procedures. 8th Ed. Blackwell Publishing. Oxford.
2. Dougherty, L & Lister,S (2015) The Royal Marsden Hospital Manual Of Clinical Nursing Procedures. 9th Ed. Blackwell Publishing. Oxford.
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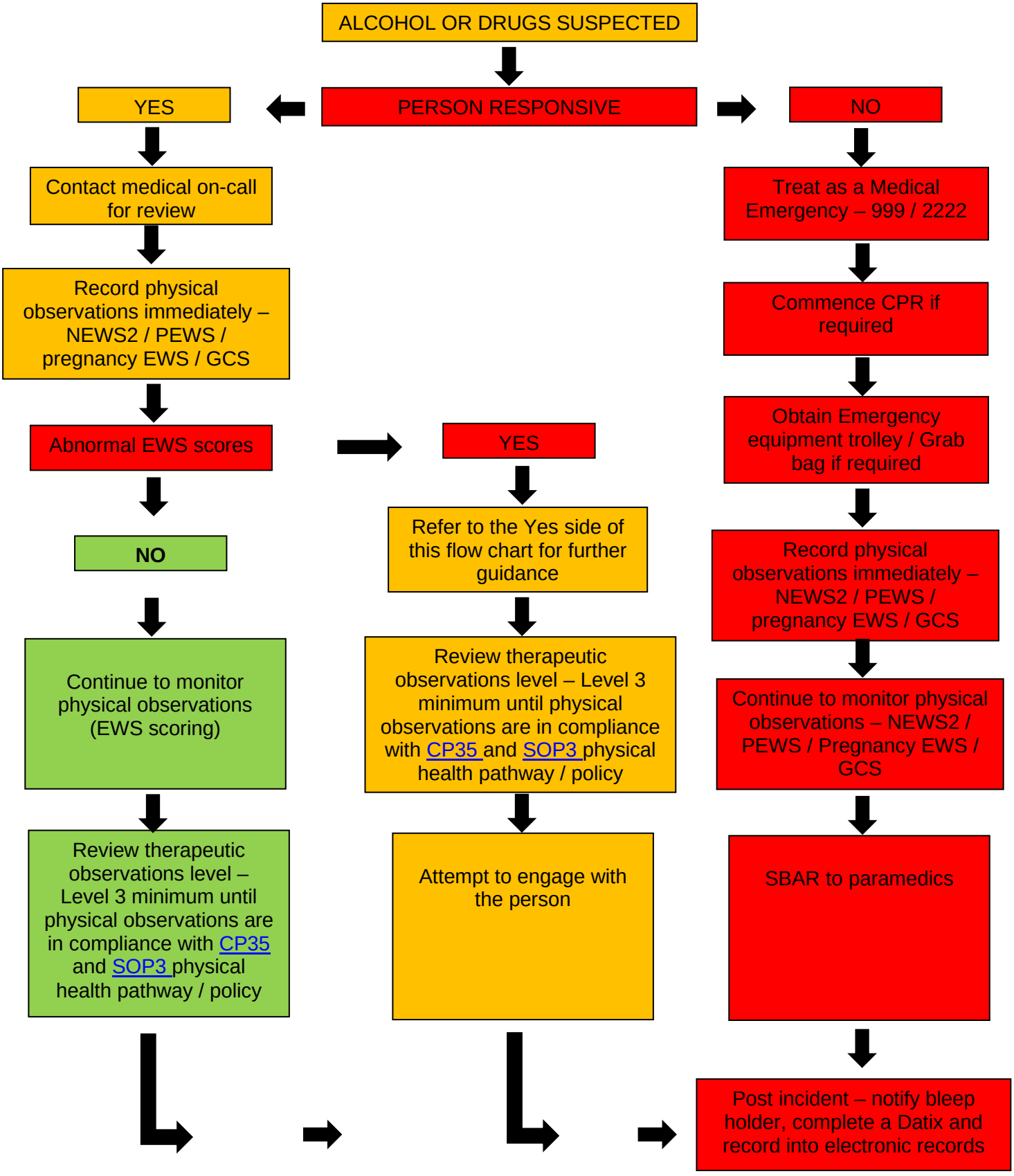
Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative? - If so can the impact be avoided? - What alternatives are there to achieving the document without the impact? - Can we reduce the impact by taking different action?	No N/A N/A N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted. If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid /		

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

Contents

Flowchart 1 – Alcohol / drug intoxication incident process



1. Introduction

CWP recognises that the support of all persons who present with mental health conditions which require an effective response to promote wellbeing and recovery. The effects of alcohol and or substance use on an individual are not predictable and any individual using substances may not be optimising their mental and physical health. Due to the psychoactive nature of many substances their use makes accurate diagnosis and treatment difficult. There are occasions when a person may appear to be intoxicated with alcohol and or illicit substances. It is vital that these situations are managed to ensure the safety of people who use our services, staff and others. It is important to rule out other conditions that may appear to be intoxication i.e. head injury and therefore physical assessment may be required.

Mental Health practitioners need to assist people with complex needs in a way that is effective, respectful to the individuals' human rights and within the law. To support this, the Trust does not permit the use of any harmful substances including, alcohol, illicit or unknown substances, solvents or tobacco. This applies to people who use our services, visitors and staff, anywhere on the Trust's premises. Appropriate action will be taken when individuals do not observe this policy. People who use our services are also asked not to use any prescribed over the counter medicines without seeking the advice of the ward team.

2. Scope

This guidance refers to any service users using clinical inpatient services, however the guidance can be used by all services when required to safeguard a person's physical wellbeing.

3. Definitions

Acute intoxication is a serious condition which can result in death. If it is suspected that a patient might be intoxicated, the actions below **must** be followed and recorded in the patient's health records.

Substances refers to anything which known or suspected to have been ingested. This includes alcohol, illicit substances and legal highs

Track and Triger Early Warning Scoring Systems (EWS) National Early Warning Score 2 (NEWS 2), Paediatric Early Warning Score (PEWS), Pregnancy Early Warning Score

4. Procedure

On admission, people will to be advised by the admitting nurse not to take any substances that are not prescribed for them, the possibility of interactions with medications and potential health consequences should be outlined to them. Where people have had or are having treatment from substance misuse agencies, where appropriate these agencies will be updated through any agreed pathways. When a person using our service is suspected of being intoxicated with drugs and or alcohol, the immediate priority will be to assess and maintain airway management, physical observations and neurological assessments and protection from cold.

Concurrent mental health problems and substance misuse have been associated with the following;

- Increased likelihood of suicide;
- More severe mental health problems;
- Increased risk of being violent (See CP6 Management of violence and aggression policy) ;
- Increased risk of victimisation;
- More contact with the criminal justice system;
- Family problems;
- History of childhood abuse (sexual/physical);
- More likely to slip through the net of care;

- Less likely to be compliant with medication and other treatment (Banerjee, Clancy, Crome 2002).

4.1 Physical observations

CWP physical observations are recorded on National Early Warning Score 2 (NEWS 2) / Paediatric Early warning Score and Pregnancy Early Warning Score forms and are track and trigger scoring systems.

The triggers are based on routine physical observations and Alert, Confusion, Voice, Pain, Unresponsive (ACVPU) / GCS and are sensitive enough to detect changes in a patient's physiology, which will be reflected in a change of score should the patient's physical health be improving or deteriorating.

Patients who have sustained a head injury must be referred to a hospital accident and emergency department if any of the Risk factors listed below are present:

Risk factors:

- GCS less than 15 on initial assessment;
- Any loss of consciousness as a result of the injury;
- Any focal neurological deficit since the injury (examples include problems understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking);
- Any suspicion of a skull fracture or penetrating head injury since the injury (for example, clear fluid running from the ears or nose, black eye with no associated damage around the eyes, bleeding from one or both ears, new deafness in one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull of concern to the professional);
- Amnesia for events before or after the injury. The assessment of amnesia will not be possible in pre-verbal children and is unlikely to be possible in any child aged under 5 years;
- Persistent headache since the injury;
- Any vomiting episodes since the injury;
- Any seizure since the injury;
- Any previous cranial neurosurgical interventions;
- A high-energy head injury (for example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, fall from a height of greater than 1 m or more than five stairs, diving accident, high-speed motor vehicle collision, rollover motor accident, accident involving motorized recreational vehicles, bicycle collision, or any other potentially high-energy mechanism);
- History of bleeding or clotting disorder;
- Current anticoagulant therapy such as warfarin;
- Current drug or alcohol intoxication;
- Age 65 years or older.

4.1.1 Patients who appear to be snoring (Stridor Breathing), under the influence / potential influence of alcohol / Drugs.

Risk factors

- Irregular or slow breathing (less than eight breaths a minute) - Bradypnoea
- Blue-tinged or pale skin – Cyanosis / Hypoxia
- Respiratory distress / Arrest
- GCS Less than 15 on ongoing assessment
- Vomiting
- Seizures

- Low body temperature (hypothermia)
- Stupor – when someone's conscious but unresponsive

Actions / responses

- Must be commenced on Level 3 therapeutic observations
- Must be commenced on 5 – 15 minute Physical observations (NEWS2, PEWS, Pregnancy EWS and the clinical responses followed as per SOP3 - Physical observations assessment and the management of altered levels of consciousness (including NEWS 2, PEWS, Pregnancy EWS, ACVPU, GCS.
- Any altered GCS MUST escalated as per SOP3 / NEWS2 / PEWS Pregnancy EWS Chart Guidance
- Patient placed on their side and the airway opened (Head tilt chin lift)
- Mechanical suction must be available and utilised if the patient is vomiting
- Follow Flowchart 1 – Alcohol / drug intoxication incident process (page 5)
- Please also see Incident process synopsis (point 5, page 10 – 11)

4.1.2 Patients who appear to be under the Influence of alcohol / drugs and who are pregnant

Risk factors

- As above (Point 4.1.1, pages 7, 8)

Actions / Responses

- As Above (Point 4.1.1, pages 7, 8)

4.2 On-going assessment

Alcohol and drugs misuse can be harmful to the individual's physical health, both in the long and short term, so early detection is important. There is evidence to suggest that some people with alcohol and drug problems find it difficult to access primary care until they reach a health crisis. Early interventions with physical health problems can reduce the severity of these problems and reduce future cost pressure on the NHS.

Specific areas for on-going assessment;

- Physical examination of vital signs and when to take action (the appropriate use of EWS systems).
- Wound Care
- Vaccinations
- Medications Management (side effects concordance, interactions, etc.)
- Knowledge and management of long term conditions (e.g. diabetes, asthma, chronic pulmonary disease – COPD, epilepsy, liver disease, pain).).
- Identification and management of acute health problems through health screening (e.g. deep vein thrombosis – DVT, cellulitis, infections / abscesses, hypertension, cardiac, respiratory or endocrine problems.
- Responding to symptoms which may be the result of adverse reactions to substances (including New Psychoactive substances – NPS).
- Identification of harmful non-dependant alcohol use by drug users. Which may be exacerbating their hypertension, mental health, cardiac or other physical health conditions, or interacting with prescribed medication or illicit drugs?
- Prevention (through vitamin supplements) and/or early identification or Wernicke's encephalopathy.
- Onward referral and Liaison with primary care and specialist secondary care (e.g. Haematology, hepatology, coronary care, dentistry, and optometry)
- Onward referral Liaison with maternity services if the patient is pregnant).
- Identification of and advice on body mass index (BMI), nutrition and weight management.

- Delivering very brief advice to people who smoke, including harm reduction advice and access to nicotine replacement therapies and behavioural support for those people and behavioural support for those people who are unwilling or unable to stop smoking.
- Engagement and outcome orientated assessment.
- Family assessment.
- Psychological management of health issues, including coping strategy enhancement, self-monitoring approaches and training in problem solving.

4.3 Assessment of substance misuse

(see CP5 clinical risk assessment policy)

In accordance with National Treatment Agency for Substance Misuse [2006] it is best practice to carry out risk assessment as part of screening, triage and comprehensive assessment.

Risk assessment aims to identify whether the individual has, or has had at some point in the past, certain experiences or displayed certain behaviours that might lead to harm to self or others. The main areas of risk requiring assessment are:

- Physical health deterioration;
- Suicide or self-harm [including unintentional harm to self;
- Harm to others (including harm to treatment staff, harm to children and domestic violence);
- Harm from others (including domestic violence);
- Self-neglect.

A management plan must be developed and actioned to mitigate any identified risk. As with comprehensive assessment, risk assessment is an ongoing process and requires integration into care planning. Issues of risk highlight the need for appropriate information sharing across services and therefore the need for cross-agency policies and plans, and for clarity with a client around the limits of confidentiality. All staff undertaking assessment of people who use our services must have awareness of substance misuse including the ability to recognise signs of intoxication and withdrawal.

4.4 Care planning

(see **CP42 - Care Planning (CPA and Standard Care) Policy**)

Following admission all people known to have dual diagnosis must have care plans which focus on the management of their physical health and safety. Advice must be sought from external specialist agencies or existing harm reduction community workers in the development of any care plan. Specifically, people known to have histories of substance misuse carry an increased risk of physical withdrawal syndromes and staff must identify these specific signs into the development of care plans. This will include observation for signs of seizures, delirium tremens, regular blood pressure, pulse and temperature recording and administration of medication where appropriate. Some obvious signs of physical withdrawal may in some cases require transfer to general medical services due to the severity of risk for harm for that person.

4.5 Actions resulting from the care plan

The Trust recognises that people who use substances are a high -risk group who may require specialist support in addition to inpatient care. These services must be delivered in a non-discriminatory and non-judgmental manner and based on individual assessment:

- All areas must provide up to date and appropriate sources of health information about various substances that is accessible to people who use our services. Information should also be provided about locally available services;
- All care plans to be reviewed at regular intervals with the person whose care plan it is, carers and appropriate members of the multi-disciplinary team;
- All professionals involved in the care of the person using the service and carers should meet regularly to discuss appropriate methods of treatment.

Action to be taken on suspicion of possession of drugs and or alcohol

- Inform nurse in charge and bleep-holder;
- The consultant should be informed as soon as possible;
- Person must be placed on level 3 observation as a minimum;
- Staff must immediately take the person's physical observations;
  Physical observations assessment and the management of altered levels of consciousness (including NEWS 2 / PEWS / Pregnancy EWS, ACVPU, GCS).

4.6 Searching of people who use our services and environments

(see CP12 searching of service users and environments policy)

The Mental Health Act 2015 confers no specific powers to authorise personal searching of people who use our services and / or their property other than particular obligations to ensure the safety of everyone. The application of this policy will apply equally to detained and informal people admitted to the inpatient area.

All searching of a people who use our services and / or property is a last resort and must only be done when verbal attempts to cooperate / volunteer / to give up an object or be searched have failed. The searching of people is not expected to be a common routine occurrence. There are however, circumstances in which there is justification in law and preservation of professional duty for conducting personal searches. Staff must take into account the need to maintain a balance between the interests of treatment, care, the security / safety of the environment and the human rights of the person, to the extent that these may conflict.

4.7 Action to be taken on finding illicit substances

If illicit substances or alcohol are found:

- A Datix incident form must be completed and an entry made in the clinical notes detailing the incident and also the rational and actions taken;
- All suspected substances must be stored securely and disposed of in accordance with medicines policy;
- All alcohol removed must be stored securely and the person advised that they must be encouraged to agree to its disposal or return to nearest relative at the earliest opportunity
- All discussions and outcomes must be recorded into the electronic patient record.

5. Incident process synopsis

ACTION REQUIRED	RATIONALE
1. Establish what substance the person has consumed, in what amounts and over what span of time	To ensure appropriate monitoring and treatment is implemented. The larger the amount of alcohol consumed and the shorter span of time might indicate that the patient's condition could deteriorate rapidly as blood alcohol levels increase. When assessing someone for suspected ingestion of a substance other than alcohol the priority would be to try and establish how the person has taken the substance i.e. nasally, smoked, swallowed or injected it. This would then establish the peak time of effect and actions to be taken accordingly.
2. Conduct assessment of patients' physical and neurological observations using the Physical observation recording chart with Early Warning Score charts (NEWS 2 /PEWS /	**Temperature** It is likely that body temperature falls in response to alcohol intoxication. The skin appears cold and clammy. **Pulse** May be full and bounding, but become weak and rapid.

ACTION REQUIRED	RATIONALE
Pregnancy EWS)), ACVPU and Glasgow Coma Score (GCS) for ALL patients.	**Respirations** May have deep, noisy respirations which become less frequent and shallow. A head injury can be missed if a patient appears intoxicated with alcohol or ingested substance.
3. A qualified nurse (where possible, who knows the patient) will be responsible for assessment and monitoring of the patients physical condition	To ensure that any changes in the patients physical condition are monitored and acted upon in a timely manner. **Do not use an Alco meter to assess levels of intoxication -** They are only recommended to show that alcohol has been consumed and not the level of intoxication.
4. Increase level of observation to a minimum of level 3 until medical review has been conducted.	To ensure the person is observed so that any deterioration in health can be acted upon immediately. To ensure that the risk of vomiting and/or inhalation of gastric content or obstructed airway are rapidly recognised and medical staff alerted if required. Where it is necessary to put a patient to bed level 3 observations must be conducted and the patient must be nursed in the recovery position.
5. Note - Snoring should be regarded as a warning sign of possible respiratory difficulty (Stridor breathing)	Snoring is an indication of restricted respiration and needs immediate assessment and (possible) medical intervention If snoring is heard the nurse in charge should be informed **immediately**. They will assess the need for further actions that could include different levels of observations, nursing the patient in the recovery position and requesting a medical assessment.
6. Conduct assessment of level of consciousness and record in clinical notes	**Glasgow coma scale** (GCS) may be used and as levels of alcohol intoxication or ingested substance increase the pupils will become more dilated and sluggish in response to light. A head injury can be missed if a patient appears intoxicated with alcohol.
7. If patient is conscious and swallowing normally encourage extra fluids (preferably water)	To prevent the patient from becoming dehydrated. **Note** - Lack of vomiting is not an indication that the patient has only consumed small amounts of alcohol or ingested substance.
8. Do not increase fluids if patients level of consciousness is impaired using GCS	To reduce the change of patient vomiting or inhaling gastric contents
9. Do not administer any medication without consulting medical staff	To prevent overdose or interaction with alcohol or ingested substance.
10. Observe for signs of hypoglycaemia	This can be a result of alcohol intoxication or ingested substance and can cause coma.
11. If the patient requires transfer to acute trust they must be accompanied by a member of ward staff and would need to be transported by ambulance	To ensure the acute trust can assess level of intoxication with additional information provided by ward staff. Staff must use SBAR handover tool as part of this process.

6 Guidance regarding alcohol withdrawal and drug (opiate) misuse

- For guidance regarding on alcohol withdrawal management, please refer to **- MP23 – Alcohol withdrawal management in the inpatient setting**

- For guidance Regarding inpatient out of hours management of adult drug misusers (Opiates) please refer to **- MP8 – Policy for inpatient and out of hours management of adult drug misusers**