Improving the Identification and Management of Alcohol Withdrawal in a Psychiatric Hospital
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INTRODUCTION
This project looked into how those admitted to inpatient psychiatric hospitals (Wotton Lawn and Charlton Lane) were being screened for alcohol withdrawal.
Studies of acute psychiatric patients indicate that up to 50% drink alcohol excessively and over 20% are dependent on alcohol, whereas in the general population only 25% drink in excess and 2-6% are dependent drinkers. For this reason psychiatric patients are at higher risk of withdrawal from alcohol.[1]
Despite these statistics, there is noted to be a marked lack of details in the alcohol histories being taken. Of those who did have an accurate alcohol history, very few were being put on an alcohol withdrawal regime (CIWA),[2] ultimately putting their safety at risk.

AIM
75% of new psychiatric admissions to be adequately assessed for risk of alcohol withdrawal within 24 hours and treated appropriately.
‘Adequately’ in our case meant containing details about the number of units consumed and the risk of withdrawal.

METHOD
Retrospective data collection using RIO as our primary source of information.
We identified all admissions in a certain timeframe and assessed various aspects of the alcohol history from their documented clerking.
After obtaining our initial data results, we adapted the clerking proforma and recollected the same data.

RESULTS

BEFORE INTERVENTION
• 59 patients identified
• 42 (71%) had alcohol history
  o 88% of these were adequate
  o 2 out of 6 patients at risk put on CIWA

AFTER INTERVENTION
• 40 patients identified
• 33 (83%) had alcohol history
  o 91% were adequate
  o 4 out of 6 patients at risk put on CIWA

CONCLUSIONS
Modification of the clerking proforma improved the number of adequate alcohol histories taken on admission resulting in better use of the CIWA protocol and potentially improving patient safety.

REFERENCES

RECOMMENDATIONS
• Teaching session delivered to junior doctors to increase awareness of the importance of alcohol histories.
• Educate nurses about use of the CIWA chart.
• Collaborate with Dr Williams in producing a CIWA protocol (she has started this already).
• Re-audit data once protocol implemented.
• Aim for 100% of admissions to have an adequate alcohol history.

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