

AUDIT ON THE MANAGEMENT OF PATIENTS WITH ALCOHOL WITHDRAWAL WITHIN INPATIENT SETTING IN RELATION TO THE LOCAL GUIDELINES (BASED ON NICE RECOMMENDATIONS)

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Introduction: Alcohol dependency can cause serious complications if not managed appropriately.

Objectives: To evaluate if the local guidelines (based on NICE) for the management of acute withdrawal are followed at the Bede Unit/South Tyneside. These advises a three day course of intramuscular Pabrinex and seven days reducing regime of benzodiazepine (commonly Chlordiazepoxide) with additional PRN (as required) benzodiazepine.

Aim: The project's main objective is to identify how the guidelines can be delivered more effectively.

Method: Retrospective data collection from all kardex for all patients (21 identified) who received a reducing regime of benzodiazepines between Oct/11 & Jan/12, for alcohol withdrawal symptoms, examining if they were prescribed benzodiazepines regularly, 'as required' or both to treat withdrawal symptoms. Vitamin supplementation as part of their management of alcohol withdrawal was also reviewed.

Results: All patients were prescribed chlordiazepoxide. Seventeen of these were prescribed both regular and PRN chlordiazepoxide, while one received regular only and three patients received PRN only. Period of treatment ranged from 2-11. Five received the recommended seven days reducing regimen.

Only one patient was managed in accordance with local guidelines (three days of intramuscular Pabrinex/seven days reducing chlordiazepoxide/PRN benzodiazepine)

There was inconsistency in the use of PRN benzodiazepine.

Conclusion: There might be doubts about patients' knowledge regarding as required medication, and on how withdrawal symptoms are monitored.

The reducing regime of benzodiazepines is limited to the format of the kardex, which made it difficult to identify drug errors or omissions and hence increased the margin for medication errors.