

Alcohol and Drug Assessment and Stabilisation Beds at Waikato and Thames Hospitals

Procedure Responsibilities and Authorisation

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Procedure Review History

Version	Updated by	Date Updated	Summary of Changes
4	Louise Leonard	22/06/2020	Thames hospital beds added and Waikato beds now in a medical unit
			Replaces 3321 Version 3

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1 Overview

1.1 Purpose

This procedure details the processes for accessing and managing the Alcohol and Drug Assessment and Stabilisation beds. The beds are situated in ward A3 at Waikato hospital and in the Medical Inpatient Unit (IPU) at Thames hospital.

1.2 Scope

This procedure applies to the use of the Alcohol and Drug Assessment and Stabilisation beds in ward A3 at Waikato hospital and the Medical Inpatient Unit (IPU) at Thames hospital.

1.3 Patient / client group

Alcohol and drug patients / tāngata whaiora.

1.4 Exceptions / contraindications

The Alcohol and Drug Assessment and Stabilisation beds are for short stay admissions only and cannot be used for patients with undifferentiated physical and/or mental health needs, or accommodation needs, which are yet to be determined.

The Alcohol and Drug Assessment and Stabilisation beds are not for acute psychiatric admissions.

1.5 Definitions

CIWA-AR	Clinical Institute Alcohol Withdrawal Assessment Revised scale
A&D Beds	Alcohol and Drug Assessment and Stabilisation beds
Medical IPU	Medical inpatient unit
CADS	Community Alcohol and Drug Service
NP	Nurse Practitioner
MO	Medical officer
HO	House officer
AOD NGO	Alcohol and Other Drug non-government organisations
NRT	Nicotine replacement therapy

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2 Clinical Management

2.1 Roles and Responsibilities

- Patients will be admitted under the CADS consultant. Admission will be conducted by the CADS NP or MO with support from the CADS HO or Registrar or the Medical IPU HO who will do the physical exam and bloods.
- The Medical IPU SMOs will provide consultation and advice on medical issues.
- CADS SMO, NP, Registrar or HO will review the patient daily.

2.2 Competency required

A registered nurse must be the primary nurse for this patient and is responsible for monitoring the patient.

2.3 Equipment

- Quiet calm environment
- Single room with ensuite toilet facilities if possible
- High low bed
- Pen light torch
- Sphygmomanometer
- Stethoscope
- Thermometer
- Vomit container
- EWS observation chart
- Pulsometer / Oxometer
- CIWA-AR monitoring tools
- Reflex hammer
- Tuning fork
- Auroscope
- Scales
- Medications as prescribed

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2.4 Procedure

The Alcohol and Drug Assessment and Stabilisation beds are for patients who:

- Are 18 years old and over
- Have a moderate to severe substance use disorder as their current primary concern
- Require a safe environment for a **short period** of time to allow for further alcohol and drug assessment and treatment to commence
- Must be under the care of the Waikato DHB CADS teams (urban and rural).
- May already occupy a bed in either the general hospital or mental health inpatient facility. However at the time of transfer to the Alcohol and Drug Assessment and Stabilisation bed the patient does not meet criteria for acute psychiatric admission or acute medical admission.

There are two points of entry for admissions to the Alcohol and Drug Assessment and Stabilisation beds. The CADS Hamilton and Thames teams will manage admissions to the beds. Mental health and addictions clinicians who consider an identified patient would benefit from admission to these beds must contact the CADS SMO, NP, MO, CNM or Detox nurse to discuss referral to CADS Hamilton who will contact the referrer to discuss admission.

Allocated CADS staff will determine admission decisions after the completion of a comprehensive alcohol and drug and risk assessment and treatment plan. Following discussion with the referrer, priority for admission will be determined and the referrer will be advised of a tentative admission date if appropriate. This date will be confirmed as soon as possible.

Planned admissions are generally admitted Mondays and Tuesdays mornings (9am) for Thames hospital and Tuesday and Wednesday mornings for Waikato hospital generally with a length of stay 5 – 7 days, occasionally up to 14 days if deemed appropriate by CADS.

CADS staff must advise the Ward A3 or Medical IPU CNM of the admission at least 24 hours prior to ensure a bed is available.

CADS keyworker will:

- Ensure contact details, NOK etc. and all documentation in the patient's clinical record is up to date.
- Maintain contact with the patient whilst they are an inpatient and liaise with whānau and AOD NGO providers and other relevant stakeholders e.g. community pharmacists (if applicable).
- Inform the patient's General Practitioner of the admission
- Organise appropriate transport for the patient to and from the A&D beds.
- Identify 'safe and supportive' visitors who will support the recovery process.

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Ward A3 and Medical IPU Registered Nurse will:

- Ensure single room is available if possible;
- Clear room of alcohol based hand sanitiser;
- Remove sharps container;
- Ensure name on electronic whiteboard;
- Labels printed;
- Set up the admission documentation (sample in ward office cubby hole – contains procedure/consent form/blood form/ nursing admission assessment/ CIWA-Ar/ National medication chart).
- Assign experienced nurse for first 3 days if possible
- Read and familiarise yourself with procedure (3321)
- Greet the patient and their family/whanau and orientate them to the environment.
- Complete a full nursing admission including CIWA-Ar score and vital signs. Complete weight, height and ECG.
- Ask for patients medications.
- Perform property check of all bags and clothing. Confiscate any contraband (cigarettes, alcohol and illicit or non-prescribed drugs).
- Document all individual items on property sheet.
- Ensure patient has adequate food and fluids available to them.
- 'Identified' visitors report to reception desk.
- Inform CADS NP or MO of any concerns as they occur.
- Maintain communication with CADS staff as necessary.
- After 3rd day:
 - Patient may go out for brief unescorted leave following a review by CADS MO or NP during Monday to Friday normal work hours.
 - If the patient (who is a voluntary admission) insists on going out for a smoke break prior to Day 3, despite NRT being offered, family or trusted friend to escort if possible.
 - If patient returns to the ward intoxicated or smelling of alcohol they should be discharged.

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2.5 Potential complications

There are limited resources and a lack of facilities to manage medical detoxification therefore admissions must be planned and carefully managed to ensure safety of patients and staff.

The Alcohol and Drug Assessment and Stabilisation beds are not for acute psychiatric admissions. Additionally admissions to the beds are not suitable for patients with acute, complicated medical conditions such as severe hepatic cirrhosis.

Safe transport to and from Thames and Waikato hospitals will be arranged by CADS keyworker in conjunction with family/whanau. A back up plan must be in place for early discharge against medical advice.

Patients must not drive themselves to admission to the A&D beds as they are likely to be either under the influence of alcohol and drugs or in acute withdrawal.

As there are only two beds in each location, priority must be given to those patients who are most acute in terms of their need for safe alcohol withdrawal management.

2.6 After care

At the time of admission a comprehensive discharge plan, which includes after care, will already be in place.

3 Patient information

Patients will be provided with an admission letter detailing the time, date and location of their admission.

The letter will also highlight the conditions of admission i.e. not to leave the ward for 72 hours so that alcohol withdrawal can be adequately monitored; Non- smoking policy – NRT will be utilised for the first 72 hours.

There are whānau accommodation facilities available on the Thames hospital campus.

4 Audit

4.1 Indicators

- Patients receive care in the alcohol and drug assessment and stabilisation beds as appropriate to the context of their clinical condition.

4.2 Tools

- Incident reporting system
- CIWA-AR
- EWS

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5 Evidence base

5.1 Bibliography

- Matua Raki Substance Withdrawal management guidelines 2019

5.2 External Standards

- Health and Disability Services Standards NZS8134:2021
- Alcoholism and Drug Addiction Act 1966
- Human Rights Act 1993
- Code of Health and Disability Services Consumers' Rights Act 1994

5.3 Associated Waikato DHB Documents

- [Alcohol, Illicit Substances and Drug Abuse – Patient and Visitors](#) policy (1831)
- [Alcohol Withdrawal, Management of patients presenting with](#) procedure (2672)
- [Medicines Management](#) policy (0138)
- [Opioid Substitution Treatment Policy \(methadone and buprenorphine – naloxone\) in Waikato Hospital](#) procedure (2881)
- [Smokefree / Tobacco free – Auahi Kore / Tupeka Kore](#) policy (0121)
- [Thiamine](#) drug guideline (2190)
- [Mental Health and Addictions Transport and Escort of service users / tāngata whaiora](#) (1863)
- Alcohol and Drug Bed Agreement to Treatment Contract (A2018MHF)
- Clinical Institute Withdrawal Assessment for Alcohol Revised (A1269MHF)
- Amphetamine Withdrawal Observation Chart (A1268MHF)
- Signs and Symptoms of Benzodiazepine Intoxication Recording Chart
- Cannabis Withdrawal Observation Chart
- Opiate Withdrawal Observation Chart
- Waikato DHB Adult Vital Signs Chart (A7182HWF)

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