

Nursing Care Management of Intoxicated Patient

Introduction

A nurse is likely to experience patients who are intoxicated in various settings, including emergency departments, urgent care centers, outpatient offices, and inpatient units. The patient may have come to the facility for treatment voluntarily or may have been transported against his will by family members, emergency medical services, or the police. The patient may present with such signs of intoxication as hypothermia, altered mental status, and hypoventilation or he may be unconscious. Some intoxicated patients are depressed and will express suicidal ideations, whereas others are belligerent and physically violent. If the individual has used alcohol for some time and has developed a tolerance to the substance, he may not appear to be intoxicated but may still have an extremely high blood alcohol level.

Patients who are intoxicated create high-risk emergency situations for doctors and nurses because they may also have a wide variety of life-threatening conditions, such as trauma, hypoglycemia, aspiration, respiratory depression, hepatic encephalopathy, clotting disorders, electrolyte abnormalities, and ethanol withdrawal. They're also unreliable when asked about the presence of pain or injuries. Altered mental status, including delirium and confusion—common signs of intoxication—may also be the result of a head injury that requires rapid evaluation and aggressive treatment. A blood alcohol level should be obtained to determine if alcohol intoxication is the probable cause when treating an unconscious patient or one with a severely altered mental status.

Typically, a patient with uncomplicated ethanol intoxication will begin to show improvement in his clinical condition within 3 to 6 hours after his last ingestion of alcohol; however, in some patients, mental status depression may continue for as long as 11 hours. Additional diagnostic studies should be performed to rule out other causes of altered mental status, such as undiagnosed head trauma, if the patient doesn't begin to improve after 3 hours, especially if the patient's blood alcohol level doesn't correlate with his mental status.

Equipment

- Breath alcohol testing device
- Stethoscope
- Sphygmomanometer
- Thermometer
- Blood glucose meter
- Equipment for blood sampling
- I.V. infusion equipment and fluids
- Oxygen
- Thiamine as ordered
- Optional: Endotracheal tube, ventilator, suction equipment

Implementation

1. Confirm the patient's identity using two patient identifiers according to your facility's policy.²
2. Perform hand hygiene.
3. Assess the patient's airway, breathing, and circulation.

Nursing alert: If the patient has no gag reflex, his airway is occluded, or he has poor respiratory effort, the patient must be intubated. Provide oxygen as ordered and suction as needed.

1. Introduce yourself to the patient and, using simple terms, explain why he's in the facility.
2. Ask the patient, if he's able to respond, how much he had to drink and whether he took any other drugs with the alcohol.
3. If family members are present, take them to a separate area and ask them about the patient's drinking habits and use of other substances.
4. Ask whether the patient sustained any known injuries.

Nursing alert: The alcohol-impaired patient may have a serious traumatic injury with no complaint of pain. You should assume that the intoxicated patient brought in from the scene of an accident has suffered traumatic injury until proven otherwise.

1. Maintain spine precautions if the patient is mild to moderately intoxicated and has possibly sustained a fall or other type of trauma. *Evaluating the patient for neck tenderness or paresthesia is unreliable because the patient's perception of his condition is altered.*
2. Obtain cervical spine X-rays as ordered.
3. After clearance of the cervical spine, position the patient in the left lateral decubitus position *to prevent aspiration.*
4. Obtain the patient's vital signs, including temperature.
5. Perform a neurologic assessment.

Nursing alert: Alcohol intoxication usually produces dilated pupils; however, patients with very high alcohol blood levels may present with pinpoint pupils. Also, be aware that the patient who's intoxicated who has sustained a head injury may appear to have an altered mental status from the alcohol, but this status may actually be caused by the head injury.

1. Test the patient's blood glucose level *because alcoholics are prone to develop hypoglycemia.* If the patient is hypoglycemic due to depletion of glycogen stores, I.V. infusion of 50% glucose may be ordered.
2. Obtain I.V. access and administer I.V. fluids as ordered.
3. Administer thiamine I.V., as ordered, *because malnourished alcoholics may develop Wernicke's encephalopathy.*

4. Perform a breath test for the patient's alcohol level if ordered and the patient is able to cooperate.
5. Obtain a venous blood sample for blood alcohol level if ordered and the patient is unable to cooperate with a breath test.
6. Determine whether the patient shows signs of being a danger to himself or others.
7. Engage other support staff so that they will be prepared to intervene if necessary.
8. Continue to monitor the patient's vital signs, respiratory function, mental status, and neurologic response every 15 minutes, or per facility policy, until the patient's condition is stable.

Nursing alert: Alcohol has sedative effects and the patient may still be metabolizing alcohol when he comes to the unit. Be prepared to act quickly if the patient becomes increasingly somnolent or if you identify a rapid change in vital signs.

1. Allow for family interaction with the intoxicated patient if it seems to calm him. If his behavior escalates when family members are in the room, restrict family visiting and explain to family members the rationale for these restrictions.
2. Listen respectfully to the patient if he wants to talk and is coherent.
3. Maintain strict patient confidentiality.
4. Document the procedure.³

Special Considerations

- The alcohol-impaired individual who refuses treatment may not be capable of understanding the risks, benefits, and alternatives of treatment; therefore, an informed decision can't be made. If a patient who's intoxicated demands to leave the facility, follow facility policy (such as moving the patient to a quiet room, using restraints, or having staff assist) and state law to keep the patient on site.
- Use of alcohol over time may cause or exacerbate depression.
- Alcohol is absorbed more rapidly on an empty stomach, reaching a peak concentration in about 1 hour.
- In pregnant women, alcohol is transmitted directly to the fetus. Some studies suggest that the fetus may actually get more alcohol than the mother because of the large blood supply nourishing the uterus.
- A patient with a cross-tolerance effect from alcohol may need increased levels of anesthesia, opioids, or anxiolytics for surgery, recovery, or managing anxiety.
- Dialysis is a possible intervention in a case of potentially lethal alcohol ingestion; no antagonist to alcohol is currently available.
- In the case of a belligerent and physically violent patient, team meetings may assist the team in processing their feelings about the intoxicated patient and his behavior.

Patient Teaching

When the patient becomes alert and oriented, give him brochures and materials relating to alcoholism. Perform an alcohol abuse screening, using the CAGE or similar screening tool. (See *The CAGE tool*.)

THE CAGE TOOL

CAGE is a simple tool for monitoring alcohol abuse. The patient is asked these four questions:

- Have you ever felt the need to **C**ut down on your drinking?
- Have you ever felt **A**nnoyed by someone criticizing your drinking?
- Have you ever felt **G**uilty about your drinking?
- Have you ever felt the need for an **E**ye opener (a drink at the beginning of the day)?

One point is assigned for each "yes" answer. A score of two or more points may indicate a problem with alcohol.

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Recommend support groups, such as Al-Anon and Alateen, and other resources to concerned family members.

Complications

The intoxicated patient who has sustained a traumatic injury is at risk for brain injury, spinal cord injury, and death if the injury isn't diagnosed and treated promptly. Death or permanent brain damage can also occur if the patient has ingested a lethal amount of alcohol or combined alcohol with other drugs. In adults, coma due to ethanol alone is rare at blood levels less than 300 mg/dl.

Documentation

Record the findings of all of your assessments, including the results of the patient's breath alcohol test and his blood glucose levels. Document all interventions and diagnostic testing performed and the patient's response to them. Note whether spine precautions were instituted and the circumstances under which they were discontinued. Document your conversations with the patient and his family as well as any teaching provided.

References

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7. Maintain spine precautions if the patient has possibly sustained a fall or other type of trauma.
8. Obtain cervical spine X-rays as ordered.
9. After clearance of the cervical spine, position the patient in the left lateral decubitus position.
10. Obtain the patient's vital signs, including temperature.
11. Perform a neurologic assessment.
12. Test the patient's blood glucose level.
13. Obtain I.V. access and administer I.V. fluids as ordered.
14. Administer thiamine I.V. as ordered.
15. Perform a breath test if ordered and the patient is able to cooperate.
16. Obtain a venous blood sample for blood alcohol level if ordered and the patient is unable to cooperate with a breath test.
17. Determine whether the patient shows signs of being a danger to himself or others.
18. Engage other support staff so that they will be prepared to intervene if necessary.
19. Continue to monitor the patient's vital signs, respiratory function, mental status, and neurologic response every 15 minutes, or per facility policy, until the patient's condition is stable.
20. Allow for family interaction with the intoxicated patient as appropriate.
21. Listen respectfully to the patient if he wants to talk and is coherent.
22. Maintain strict patient confidentiality.
23. Document the procedure.