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Developing Best Practices Of Emergency Care For The Alcohol Impaired Patient



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Developing Best Practices Of Emergency Care For The Alcohol Impaired Patient

The National Highway Traffic Safety Administration (NHTSA), the American College of Emergency Physicians (ACEP) and the Emergency Nurses Association (ENA) sponsored a national conference on June 2, 2000 in Washington, DC. The conference brought health care professionals together to develop best practices of emergency medical care for the alcohol-impaired patient. The conference was a part of an ongoing *Partners in Progress* initiative to increase health care professionals involvement in transportation issues and to contribute to the national goal of reducing alcohol-related traffic deaths to no more than 11,000 by the year 2005.

The conference followed up the recommendations of the *Partners in Progress: An Impaired Driving Guide for Action* report (See *Traffic Tech* 163, 1997). *Partners in Progress* recognizes physicians, nurses, and paramedics as key partners in reducing impaired driving consequences because of their intimate in-volvement with the results of alcohol-related crashes and their frequent interaction with the population known to be high risk for impaired driving.

Patients with alcohol use problems (AUP) are more likely to drive after drinking and have both higher rates of illness and motor vehicle crash injury than the general population. Health promotion and prevention mandates a structured approach to these individuals. Patients with AUP frequently come into contact with the emergency medical services system, from pre-hospital through the trauma center, as a result of their high risk behaviors. Treating this disorder leads to reductions in impaired driving episodes, which in turn leads to fewer alcohol-related crash injuries. Emergency physicians, nurses in the emergency department and trauma center, and pre-hospital providers in the field have a unique role to play in the identification of the disease, patient education and intervention, and referral for formal evaluation and treatment.

Screening for the disease and appropriate intervention and referral are not widely practiced in emergency medicine and trauma, thus missing a prime opportunity for prevention of an epidemic disease. Moreover, many of these patients may interface with the medical system only through emergency medicine or trauma care, particularly at early stages of their disease when they can benefit most from intervention and treatment.

During the conference, a best practice *strawman* for physicians, nurses, and prehospital professionals was presented and participants provided input about the *strawman* and ultimately into the development of best practices for each area.

The following Best Practices are intended to serve as the basis for changing how patients with AUP are treated in the ambulance, the emergency department, and the trauma center. The full report contains notes about the recommendations.

Recommended Best Practices for Pre-Hospital Professionals

1. Assess the patient and document signs and symptoms of alcohol use problems; assess the environment for alcohol-related risk factors.
2. Report alcohol use problems (AUPs) to hospital personnel.
3. Assist with on scene information and referrals for AUP patients.
4. Provide care for alcohol-impaired patients in a professional and non-judgmental manner.
5. Advocate in the community for public education, prevention programs, public policy, and treatment programs for AUP patients.

- 6. Participate in collaborative research, education, and data gathering to improve the care of patients with AUPs.
- 7. Integrate alcohol screening and alcohol education into curricula, continuing education, and standards for emergency health care professionals.

Recommended Best Practices for Nurses

- 1. Listen to prehospital professionals' reports and elicit patient information indicative of alcohol use problems (AUP).
- 2. Identify alcohol-related events in initial assessment of the patient.
- 3. Perform an assessment using appropriate tools, such as history, physical examination, and screening tools.
- 4. Document objective findings of assessment, interventions, and plan of care for AUP patients.
- 5. Collaborate with health care team to implement interventions, such as brief interventions, discharge planning, and referrals.
- 6. Communicate plan of care to appropriate services, such as physicians, substance abuse counselors, referral agencies, and inpatient caregivers.
- 7. Provide care for alcohol-impaired patients in a professional and non-judgmental manner.
- 8. Advocate in the community for public education, prevention programs, public policy, and treatment programs for AUP patients.
- 9. Participate in collaborative research, education, and data gathering to improve the care of patients with AUPs.
- 10. Integrate alcohol screening and alcohol education into curricula, continuing education, and standards for emergency health care professionals.

Recommended Best Practices for Physicians

- 1. Physicians should incorporate screening for alcohol use problems (AUPs) into routine care of injured patients.
- 2. Physicians should document history and physical findings consistent with AUPs.
- 3. Physicians should provide a brief intervention for patients who screen positive for alcohol use problems.
- 4. Physicians should be aware of state laws and consider reporting alcohol use problems in accordance with these laws (for those who cannot operate a motor vehicle safely).
- 5. Provide care for alcohol-impaired patients in a professional and non-judgmental manner.
- 6. Advocate in the community for public education, prevention programs, public policy, and treatment programs for AUPs.
- 7. Participate in collaborative research, education, and data gathering to improve the care of AUP patients.
- 8. Integrate alcohol screening and alcohol education into curricula, continuing education, and standards for emergency health care professionals and trauma surgeons.

HOW TO ORDER

For a copy of *Developing Best Practices of Emergency Care for the Alcohol Impaired Patient: Recommendations from the National Conference*, (53 pages) write to Media and Marketing, NHTSA, NTS-21, 400 Seventh Street, S.W., Washington, DC 20590, fax (202) 366-2062, or download from www.nhtsa.dot.gov

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