

PADDINGTON ALCOHOL TEST 2009

'make the connection'

PATIENT IDENTIFICATION STICKER:

NAME

D.O.B.

- A. PAT for TOP 10 presentations – circle as necessary. B. Clinical Signs of alcohol use C. BAC P.T.O.
1. FALL (incl. trip) 2. COLLAPSE (incl. fits) 3. HEAD INJURY 4. ASSAULT
5. ACCIDENT 6. UNWELL 7. GASTRO -
INTESTINAL 8. CARDIAC (i. Chest pain)
9. PSYCHIATRIC (incl. DSH & OD) please state 10. REPEAT ATTENDER Other (please state)

[BAC] =mgs/100ml blood

EARLY IDENTIFICATION TO REDUCE RE-ATTENDANCE

Only proceed after dealing with patient's 'agenda,' i.e. patient's reason for attendance.

"We routinely ask all patients having ... (above presentation) ... do you drink alcohol?"

1 Do you drink alcohol? YES (go to #2) NO (end)

2 What is the most you will drink in any one day? (UK alcohol units)

Use the following guide to **estimate** total daily units.
(Standard pub units in brackets; home measures often three times the amount!)

Beer /lager/cider	Pints (2) <input type="text"/>	Cans (1.5) <input type="text"/>	Litre bottles (4.5) <input type="text"/>
Strong beer /lager /cider	Pints (5) <input type="text"/>	Cans (4) <input type="text"/>	Litre bottles (10) <input type="text"/>
Wine	Glasses (1.5) <input type="text"/>	750ml bottles (9) <input type="text"/>	Alcopops
Fortified Wine (Sherry, Port, Martini)	Glasses (1) <input type="text"/>	750ml bottles (12) <input type="text"/>	330ml bottles (1.5) <input type="text"/>
Spirits (Gin, Vodka, Whisky etc)	Singles (1) <input type="text"/>	750ml bottles (30) <input type="text"/>	

If more than **twice** daily limits (8 units/day for men, 6 units/day for women) **PAT +ve** (continue to Q3 for all)

3 How often do you drink ?

- Every day May be dependent. Consider thiamine (? Nutrition) & chlordiazepoxide (? CIWA).
 ___ times per week Advise against daily drinking.
 Less than weekly (continue to next question)

4 Do you feel your attendance at A&E is related to alcohol? YES (PAT+ve)
NO

If PAT +ve give feedback e.g. "Can we advise that your drinking is harming your health".
 "It is recommended that you do not regularly drink more than 4 units/day for men or 3 units/day for women".

5 We would like to offer you further advice. Would you be willing to see our alcohol nurse specialist (ANS)? YES
NO

If "YES" to Q5 give ANS appointment card and leaflet and make appointment in diary @ 9am to 10am.
 Other appointment times available, please speak to ANS or ask patient to contact (phone number on app. card).
 Give alcohol advice leaflet ("Units and You") to all PAT+ve patients, especially if they decline ANS appointment.

Please note here if patient admitted to ward

Referrer's Signature Name Stamp Date: PTO

THANK YOU

ANS OUTCOME:

A. History

B. Clinical Signs

C. Blood Alcohol Concentration

A. History

PAT(2009) is a clinical and therapeutic tool to 'make the connection' between ED attendance and drinking. Any ED doctor or nurse can follow PAT to give **Brief Advice** (BA) taking less than two minutes for most patients.

BA is followed by the offer of a **Brief Intervention** (BI) from the Alcohol Nurse Specialist (ANS).

BI is a specialist session lasting more than 20 minutes.

This reduces the likelihood of re-attendance at the ED

PAT	Gain the patient's confidence: Deal with the patient's reason for attending first , so they are in a receptive frame of mind for receiving Brief Advice. Then apply PAT for ' THE TOP 10 ' presentations or when signs of alcohol use. PAT takes less than a minute for most patients who drink.
ROUTINE	Q1 'We routinely ask all patients having (this presentation) if they drink alcohol - do you drink?' If No: PAT-ve, discontinue (providing clinician agrees with the answer).
QUANTITY	Q2: "What is the most you will drink in any one day?" 1 Unit (UK) = 10ml alcohol = 8gms alcohol Units = % ABV x volume (in litres) % ABV is '% of alcohol by volume' as indicated on bottle or can.
FREQUENCY	Q3: "How often do you drink?" Daily drinking may indicate dependence. Any heavy drinking risks adverse consequences and A&E re-attendance. NB Hazardous drinkers should be given leaflet "Units & You".
MAKE THE CONNECTIO N	Everyone who says yes to Q1 should be asked Q4: "Do you feel your current attendance at A&E is related to alcohol?" If yes, then you have successfully started Brief Advice (BA) by the patient associating their drinking with resulting hospital attendance.

B. Clinical Signs of acute alcohol use: 'SAFE Moves: ABCD'

'S' mell	of alcohol.
'S' peech:	varying volume & pace; slurring & jumbled.
'A' ffect:	variable judgement & inappropriate behaviour; euphoria/depression; decreased co-operation; emotional.
'F' ace:	sweating/flushed (<i>cushingoid – chronic</i>), ? injury.
'E' yes:	red conjunctiva, nystagmus*, ophthalmoplegia*
'Moves' :	fine motor control*, incoordination (acute cerebellar syndrome)*. gross motor control (walking)*, (<i>truncal ataxia – chronic</i>)*.
A irway:	snoring with obstruction. Inhalation of vomit - ? Mallory-Weiss
B reathing:	slow/shallow, hypoxia with CO2 retention - ? air entry
C irculation:	tachycardia, irregularity. Hypotension; vasodilatation with heat loss. Collapse. Urinary retention or incontinence; but ? dehydration.
D isability:	variable alertness*, confusion*, hallucinations*, sleepiness. ? GCS.

* **Signs of possible Wernicke's - give thiamine iv. In UK: 'Pabrinex', BNF '54', 2007 onwards.**
For monitoring withdrawal use 'CIWA' (Clinical Institute Withdrawal Assessment)

C. Resusc. Room: request Blood Alcohol Concentration, **BAC** - same grey bottle as for glucose - for all 5 presentations of:-

1. Collapse
2. Self-harm
3. Trauma
4. Gastro-intestinal/Abdominal
5. Chest pain

If BAC positive i.e. >10mgs/100ml: Apply PAT when out of Resusc.

Ref. Touquet R & Brown A. PAT(2009) – Revisions to the PAT. *Alcohol & Alcoholism* 2009;44(3):284-6.

For further information about the Paddington Alcohol Test (PAT), 'SAFE Moves' or BAC contact:

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