

COVID Refresher Alcohol Use Disorder and Alcohol Withdrawal v. March 30, 2020

Key Considerations at the Time of Admission:

History:

- Number of drinks per day and pattern (daily drinking)
- Documented alcohol use disorder
- Previous seizures or delirium tremens
- Calculate Prediction of Alcohol Withdrawal Score (PAWSS) <https://www.mdcalc.com/prediction-alcohol-withdrawal-severity-scale>

Risks of Alcohol Withdrawal

- Seizures (within first 72 hours)
- Delirium tremens (within first 7 days)
 - If severe can require intubation for sedation and management

Workup:

CBC, lytes, Cr, liver panel, Ethanol level, magnesium, phosphate, osmole gap

Treatment:

- If yes to any items in history or PAWSS greater than or equal to 4 (LR 174): initiate CIWA protocol
 - Use diazepam if no documented liver dysfunction and age less than 65. Use lorazepam if patient has known cirrhosis or age >65
- Avoid scheduling benzodiazepines (risk of respiratory depression) unless persistent increased CIWA scores greater than 20.
- **PLC only:** If the patient does not want to proceed with alcohol cessation or has a history of complicated alcohol withdrawal consult ARCH to consider initiation of managed alcohol program

SCM Order set:

- CIWA-AR
- Withdrawal management

Duration of Hospital Stay

- Follow CIWA scores until below 10
- Connect with outpatient Addictions resources
 - Adult Addiction Services is taking same day phone appointments
 - AA and SMART recovery groups on hold during COVID
- Consider medications for relapse prevention (Naltrexone or Gabapentin): call Addiction Medicine for advice
- Many patients have food and housing insecurity
 - See attached document for resources available during COVID-19

Common Complications of Chronic Alcohol Use

- Patients may develop refeeding syndrome – check extended electrolytes (K, Mg, Phosphate) daily and replace as needed
- Patients may consume non-beverage alcohols (isopropyl, ethylene glycol) if access to usual source is limited. Check osmole gap and send toxic alcohol testing is elevated.
- Alcohol hepatitis may require treatment with steroids based on Maddrey or Glasgow Hepatitis score

Resources

PLC: ARCH at pager 09441 7 days a week 0800-2100

FMC:

- Addictions Service (pager 06912) M-F 0800-1600
- M-F 1600-2100 or weekends call RAAPID or Dr. Prabh Lail (pager 08264/cell 4036905245 or Dr. Kate Colizza pager 10505/cell 4034784500)

RGH:

- Addiction Services M-F 0800-1600
- M-F 1600-2100 or weekends call RAAPID or Dr. Monty Gosh (cell 7809345697)

SHC:

- Psychiatry Liaison
- Addiction Services SW via SCM
- M-F 1600-2100 or weekends call RAAPID or Dr. Prabh Lail (pager 08264/cell 4036905245 or Dr. Kate Colizza pager 10505/cell 4034784500)

COVID Refresher Opioid Use Disorder v. March 30, 2020

Key Considerations at the Time of Admission:

History:

- Amount used typically asked in “points per day” or grams per day
- Time of last use
- Does the patient feel that they are in withdrawal or “dope sick”
- Currently or previously on opioid agonist therapy (OAT) i.e. Methadone, Suboxone or Kadian
- Calculate clinical opioid withdrawal score (COWS) <https://www.mdcalc.com/cows-score-opiate-withdrawal>

Risks of Opioid Withdrawal

- High risk of overdose and death at discharge If opioids not prescribed
- Symptoms of opioid withdrawal (e.g. tachycardia, diaphoresis) can be confused with evolving sepsis

Workup:

- CBC, lytes, Cr, liver panel, comprehensive urine drug screen, ECG

Treatment:

- Prescribe short acting opioids begin prn doses as suggested in the “withdrawal” management order set
- Add regularly scheduled doses early as under dosing is a common problem when patients are critically ill and/or can’t voice their cravings or withdrawal, consider timing with nursing assessments
- Order PRN naloxone and take home naloxone kit

SCM Order set:

- Withdrawal management
- Buprenorphine/Naloxone initiation

Duration of Hospital Stay

- Ask the patient if they would like to initiate Opioid Agonist Therapy (OAT) options:
 - Suboxone
 - If comfortable initiate using SCM order set buprenorphine/naloxone initiation
 - Day 0: hold all short-acting opioids at midnight
 - Day 1: Measure COWS in AM and wait until in at least moderate withdrawal COWS >12 then give 2mg
 - If score the same or less continue to give 2mg Q2-4hours up to 16 mg on day 1
 - If score increased then hold further doses and give adjuvant medications listed in order set
 - If not comfortable, see resources below for support
 - Methadone or Kadian: see resources below or continue to treat with short acting opioids and make appointment day of discharge at one of the below clinics

Resources

PLC: ARCH at pager 09441 7 days a week 0800-2100

FMC:

- Addictions Service (pager 06912) M-F 0800-1600
- M-F 1600-2100 or weekends call RAAPID or Dr. Prabh Lail (pager 08264/cell 4036905245 or Dr. Kate Colizza pager 10505/cell 4034784500)

RGH:

- Addiction Services M-F 0800-1600
- M-F 1600-2100 or weekends call RAAPID or Dr. Monty Gosh (cell 7809345697)

SHC:

- Psychiatry Liaison
- Addiction Services SW via SCM
- M-F 1600-2100 or weekends call RAAPID or Dr. Prabh Lail (pager 08264/cell 4036905245 or Dr. Kate Colizza pager 10505/cell 4034784500)

Clinic	Existing patients	Walk in patients
ODP (Sheldon Chumir) Ph 403 297 5118	Phone appointment for stable patients; looking at ways to accommodate those without a phone	Accepting walk in patients 8-11AM M-F
MetroCity (150 909 5 th Ave SW) ph 587 430 0905	Will provide phone consults to current patients who are unable to come to clinic	Will see patients in clinic. Able to often see people same day or next day; please phone prior to arrival to avoid crowding in the waiting area
Act Medical Downtown location: 1410 11 Ave SW Ph (403 232 6990) Forest Lawn location: 4527 8 Ave SE Ph 403 463 8092	If unwell or experiencing ILI symptoms will provide phone consult (for stable patients)	Still seeing on walk-in basis M-F. Please arrive before 3PM (initial apt = 1 hour)

COVID Refresher Stimulant Use Disorder v. March 30, 2020

Key Considerations at the Time of Admission:

History:

- Amount used typically asked in “points per day” or grams per day
- Time of last use
- Screen for complications: Hypertension, MI, rhabdomyolysis, renal failure

Risks of Stimulant Withdrawal

- Agitation or somnolence

Workup:

- CBC, lytes, Cr, liver panel
- Work up for complications if symptoms noted in history

Treatment:

- Agitation:
 - Offer symptomatic management including benzodiazepines for agitation or insomnia and/or sleep aids such as zopiclone 7.5mg qhs or trazodone 50 mg qhs
- Somnolence:
 - Supportive treatment, usually improves with sleep

SCM Order set:

- Withdrawal management

Duration of Hospital Stay

- Supportive management as above
- Connect with outpatient resources
 - Adult Addiction Services is taking same day appointments
- Many patients have food and housing insecurity
 - See attached document for resources available during COVID-19

Resources

PLC: ARCH at pager 09441 7 days a week 0800-2100

FMC:

- Addictions Service (pager 06912) M-F 0800-1600
- M-F 1600-2100 or weekends call RAAPID or Dr. Prabh Lail (pager 08264/cell 4036905245 or Dr. Kate Colizza pager 10505/cell 4034784500)

RGH:

- Addiction Services M-F 0800-1600
- M-F 1600-2100 or weekends call RAAPID or Dr. Monty Gosh (cell 7809345697)

SHC:

- Psychiatry Liaison
- Addiction Services SW via SCM
- M-F 1600-2100 or weekends call RAAPID or Dr. Prabh Lail (pager 08264/cell 4036905245 or Dr. Kate Colizza pager 10505/cell 4034784500)

Clinic	Existing patients	Walk in patients
ODP (Sheldon Chumir) Ph 403 297 5118	Phone appointment for stable patients; looking at ways to	Accepting walk in patients 8-11AM M-F

	accommodate those without a phone	
MetroCity (150 909 5 th Ave SW) ph 587 430 0905	Will provide phone consults to current patients who are unable to come to clinic	Will see patients in clinic. Able to often see people same day or next day; please phone prior to arrival to avoid crowding in the waiting area
Act Medical Downtown location: 1410 11 Ave SW Ph (403 232 6990) Forest Lawn location: 4527 8 Ave SE Ph 403 463 8092	If unwell or experiencing ILI symptoms will provide phone consult (for stable patients)	Still seeing on walk-in basis M-F. Please arrive before 3PM (initial apt = 1 hour)