Alcohol Treatment Response Plan
Coronavirus (COVID-19)

This Plan has been developed to outline the process for supporting alcohol dependant people and is based on level of alcohol dependency balanced with co-existing risk factors .

	Low Risk	Medium Risk	High Risk
CRITERIA	15-29 SADQ **AND** No recent history of alcohol related seizures Physical or Mental Illness which is well managed and stable	30-40 on SADQ **AND/OR** Pregnant Recent history of seizures not related to alcohol Poly substance use Oesophageal varices - no history of recent bleeding (six months) Cardiomyopathy Lung disease Acute pancreatitis within last six month The presence of one or more of these factors may change the risk category: discuss at MDT with consultant/RLC input as needed. **Secondary Mental Health community services:** Individuals managed in community mental health services who present with co-morbid alcohol dependence will require a more integrated management of alcohol dependence to reduce crisis presentations	40-60 on SADQ **AND/OR** Suspected/confirmed decompensated liver disease Malnutrition & increased risk of Wernicke Encephalopathy. Homelessness **Admissions to acute trusts:** Individuals presenting with complications of alcohol withdrawal e.g. delirium tremens (DTs) or Wernicke Korsakoff Syndrome (WKS), continue to require admission to acute hospital for medical management. **Admissions to mental health trusts:** Individuals with serious mental disorder and comorbid alcohol dependence continue to require admission and management.
ASSESSMENT	-Remote nurse triage alcohol assessment -Harm min information and advice on safer reduction and avoiding rapid withdrawal	-Remote nurse triage alcohol assessment -Harm min information and advice on safer reduction and avoiding rapid withdrawal	-Remote nurse triage alcohol assessment -Harm min information and advice including 111 and 999 if emergency occurs re: bleeding, seizures etc

	-Thiamine prescribing -Liaise with GP re most recent LFTs where possible	-Thiamine prescribing (agree process for prescribing and delivery) -Liaise with GP most recent LFTs where possible -Identify named nurse to deliver appropriate care pathway	-Thiamine prescribing -Liaise with GP re: bloods -Identify named nurse to deliver increased contact
ACTION	Discuss in MDT re: appropriate treatment pathway Medication assisted withdrawal using Chlordiazepoxide **OR** Drink down diary with clinical oversight **OR** Harm minimization advice with no clinical oversight On-going monitoring during medication assisted detox – Twice daily phone contact during days 0-5, daily phone contact during day 6-10, weekly phone contact for 2 weeks thereafter Drink down diary and harm minimization actions require weekly phone contact.	Discuss in MDT re: care appropriate pathway either Medication assisted detox using Chlordiazepoxide or on-going increased contact and escalated to RLC and ADN. With Consultant advice and supervision other medication options may be considered including Oxazepam, Diazepam, Carbamazepine etc which must only be initiated under consultant advice & supervision On-going monitoring – Twice daily phone contact during days 0-5, daily phone contact during day 6-10, weekly phone contact for 2-4 weeks thereafter. If waiting for inpatient detox offer harm minimization advice **OR** drink down diary with clinical oversight. Maintain weekly phone contact for check in until in-patient bed available Nurse to link in with GP, social care, housing, mental health and other stakeholders	MDT discussion & increased contact, frequency of contact ideally daily but as a minimum 3 times a week. Escalate to RLC and ADN. Prepare for in-patient treatment in readiness for when facilities become available – make referral, complete paperwork, and place individual on the waiting list. Nurse to link in with GP, social care, housing and other stakeholders Treatment plan includes Harm minimization on maintaining levels of drinking supported by clinical oversight Drink Down Diaries with clinical oversight may be considered after individual risk assessment Discuss emergency plan with service user and carers in the event of any deterioration
Relapse prevention meds	Acamprosate is the only option to consider where possible with telephone follow up from named nurse.	Acamprosate is the only option to consider where possible with telephone follow up from named nurse.	Acamprosate is the only option to consider where possible with telephone follow up from named nurse.