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Impact of pharmacy, physician and nursing collaboration on implementation of an alcohol withdrawal protocol for adult psychiatric patients in a community hospital

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Abstract

As many as 2 million Americans may experience symptoms of alcohol withdrawal conditions each year. Alcohol-use disorders can complicate the assessment and treatment of other medical and psychiatric problems that patients may present with. Without appropriate treatment, patients often manifest associated problems such as uncomfortable withdrawal symptoms., Delirium tremens, The Wernicke-Korsakoff syndrom, seizures, and complications due to associated liver disease. Pharmacy, nursing and physician collaboration aims to standardize treatment of these patients using a standard guided approach. A standardized symptom triggered approach to managing alcohol withdrawal symptoms (AWS) was expected to decrease the use of benzodiazepine and hence decrease costs, avoid under treatment of adrenergic hyperactivity, delirium, hallucinations, as well as decrease the need for sitters and reduce hospital length of stay. At the end of the pilot period, patients received less drug than patients who did not use the protocol. When compared to the comparison group, pilot patients required fewer dosing of lorazepam, neuroleptics (Haldol) and required no sitters. There was no use of restraints for escalated agitations, irritability or risk for self-harm which was attributed to better pharmacologic interventions. Compared to previous months, which required 1-2 transfer of patients from the psych floor to the medical surgical units for alcohol related/withdrawal symptoms, there were no transfer of patients to the medical units upon the initiation of the practice guideline. This study suggests that with nursing, physician and pharmacy collaboration, patients at risk for AWS can be safely and effectively managed with a standardized symptom triggered medical approach.

Biography

After completing her Bachelors in Chemistry, Dr Alabi went on to complete her PharmD at Howard University in 2001. She completed her ASHP Accredited residency at the University of Maryland Medical Center and completed one year of fellowship at the Food and Drug Administration, Division of Cardiac and Renal medicine. She has practiced in a number of inpatient and outpatient settings including pediatrics, adult, geriatrics, trauma and ambulatory care. She is currently an associate professor for the pharmacy student experiential program for a number of schools of pharmacy. She is a certified Kaizen leader and greenbelt in clinical transformation projects and lean six sigma not limited to inventory management, antimicrobial stewardship, medication safety. She is also certified in medication therapy management (MTM and ACLS, lipid management). She is currently a Clinical Manager at Cardinal Health with a practice site located at Bon Secours Hospital in Baltimore, Maryland.

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