

# 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** (PTO)
- |                                              |                          |                           |                            |
|----------------------------------------------|--------------------------|---------------------------|----------------------------|
| 1. FALL (incl. trip)                         | 2. COLLAPSE (incl. fits) | 3. HEAD INJURY            | 4. ASSAULT                 |
| 5. ACCIDENT                                  | 6. UNWELL                | 7. GASTRO -<br>INTESTINAL | 8. CARDIAC (i. Chest pain) |
| 9. PSYCHIATRIC (incl. DSH & OD) please state |                          | 10. REPEAT ATTENDER       | Other (please state)       |

### 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!)

|                                               |               |                      |                   |                      |                     |                      |
|-----------------------------------------------|---------------|----------------------|-------------------|----------------------|---------------------|----------------------|
| <b>Beer /lager/cider</b>                      | Pints (2)     | <input type="text"/> | Cans (1.5)        | <input type="text"/> | Litre bottles (4.5) | <input type="text"/> |
| <b>Strong beer /lager /cider</b>              | Pints (5)     | <input type="text"/> | Cans (4)          | <input type="text"/> | Litre bottles (10)  | <input type="text"/> |
| <b>Wine</b>                                   | Glasses (1.5) | <input type="text"/> | 75cl bottles (9)  | <input type="text"/> | <b>Alcopops</b>     |                      |
| <b>Fortified Wine</b> (Sherry, Port, Martini) | Glasses (1)   | <input type="text"/> | 75cl bottles (12) | <input type="text"/> | 330ml bottles (1.5) | <input type="text"/> |
| <b>Spirits</b> (Gin, Vodka, Whisky etc)       | Singles (1)   | <input type="text"/> | 75cl 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 \_\_\_\_\_ times per week      May be dependent, advise against daily drinking. Consider pabrinex & chlordiazepoxide  
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 nurse specialist ?** 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

AHW OUTCOME:

## EARLY IDENTIFICATION + BRIEF ADVICE REDUCES REATTENDANCE

The Paddington Alcohol Test (PAT) is a clinical and therapeutic tool to 'make the connection' between Emergency Department (ED) attendance and drinking alcohol. PAT was specifically developed for use in busy EDs to make best use of the "OPPORTUNISTIC TEACHABLE MOMENT" (Williams et al 2005).

Any doctor or nurse can follow the PAT to give **Brief Advice (BA)** which is less than a minute for most patients. **BA** is followed by the offer of a **Brief Intervention (BI)** from the Alcohol Nurse Specialist. (BI is a specialist session lasting 20 minutes or more).

**This reduces the likelihood of re-attendance at the ED** (Crawford et al 2004)

|                            |                                                                                                                                                                                                                                                                                                                               |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PAT</b>                 | <b>Gain the patient's confidence:</b> Deal with the patient's reason for attending <b>first</b> , so they are in a receptive frame of mind for receiving Brief Advice.<br><br>Then apply PAT for <b>TOP 10 presentations</b> and for clinical signs of alcohol use. PAT takes less than a minute for most patients who drink. |
| <b>ROUTINE</b>             | <b>Q1</b> 'We <b><u>routinely</u></b> ask all patients having (this presentation) if they drink alcohol - do you drink?'<br><b>If No:</b> PAT-ve, discontinue (providing clinician agrees with the answer).                                                                                                                   |
| <b>QUANTITY</b>            | <b>Q2:</b> "What is the most you will drink in any one day?"<br><b>1 Unit (UK)</b> = 10ml alcohol = 8gms alcohol<br><b>Units = % ABV x volume</b> (in litres)<br>% ABV is '% of alcohol by volume' as indicated on bottle or can.                                                                                             |
| <b>FREQUENCY</b>           | <b>Q3:</b> "How often do you drink?" Daily drinking may indicate dependence. Any heavy drinking risks adverse consequences and A&E re-attendance.<br><br>NB Hazardous drinkers should be given leaflet "Units & You".                                                                                                         |
| <b>MAKE THE CONNECTION</b> | Everyone who says yes to Q1 should be asked <b>Q4:</b><br>"Do you feel your current attendance at A&E is related to alcohol?"<br>If yes, then you have successfully started <b>Brief Advice (BA)</b> by the patient associating their drinking with resulting hospital attendance. (Touquet & Brown 2006).                    |

### **B. Clinical Signs of acute alcohol use: 'SAFE – Moves.'**

|                            |                                                                                                                                            |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| '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)*.<br>gross motor control (walking)*, ( <i>truncal ataxia – chronic</i> )*. |
| <b><u>Disability:</u></b>  | variable alertness*, confusion*, hallucinations*, sleepiness. ? GCS.                                                                       |
| <b><u>Circulation:</u></b> | tachycardia, irregularity. Hypotension; vasodilatation with heat loss. Collapse. Urinary retention or incontinence; but ? dehydration.     |
| <b><u>Breathing:</u></b>   | slow/shallow, hypoxia with CO2 retention - ? air entry                                                                                     |
| <b><u>Airway:</u></b>      | snoring with obstruction. Inhalation of vomit - ? Mallory-Weiss.                                                                           |

- **Signs of possible Wernicke's \* - give Pabrinex (thiamine) IV (BNF 54 onwards)**
- **For monitoring withdrawal use 'CIWA' as per Imperial CHT Hospital Alcohol Guidelines**

### **C. Resuscitation Room:** request Blood Alcohol Concentration (**BAC**), or if PAT not possible.

1. Collapse
2. Self-harm (overdose, suicidal)
3. Trauma
4. Gastro-intestinal bleeding
5. Non-cardiac chest pain

Crawford M et al., Screening and referral for brief intervention. *Lancet* 2004;**364**:1334-9.

Williams S et al., The half-life of the 'Teachable Moment'. *Drug & Alcohol Dependence* 2005;**77**:205-8.

Touquet R & Brown A, Alcohol misuse: Positive response. *Emerg Med Australasia* 2006;**18**:59-63.

British National Formulary, September 2007 (onwards);**54**:515

Touquet R et al., Resuscitation Room BACs: 1 year cohort study. *Emerg Med J* 2008;**25**:752-6

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

Prof. Robin Touquet FCEM - robin.touquet@imperial.nhs.uk  
or Adrian Brown RMN – ade.brown@nhs.net or Win Keane RMN – win.keane@nhs.net