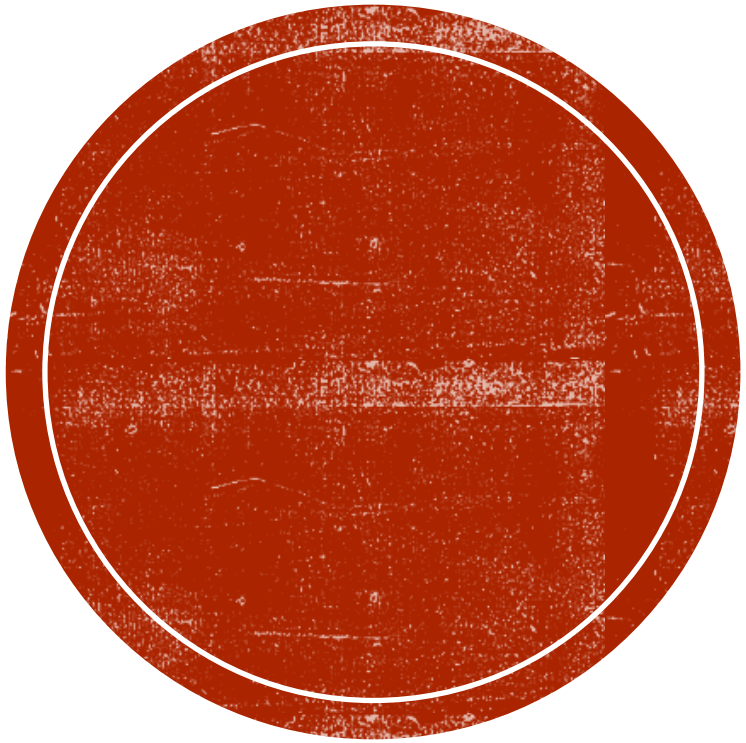
ALCOHOL IN TODAYS WORLD

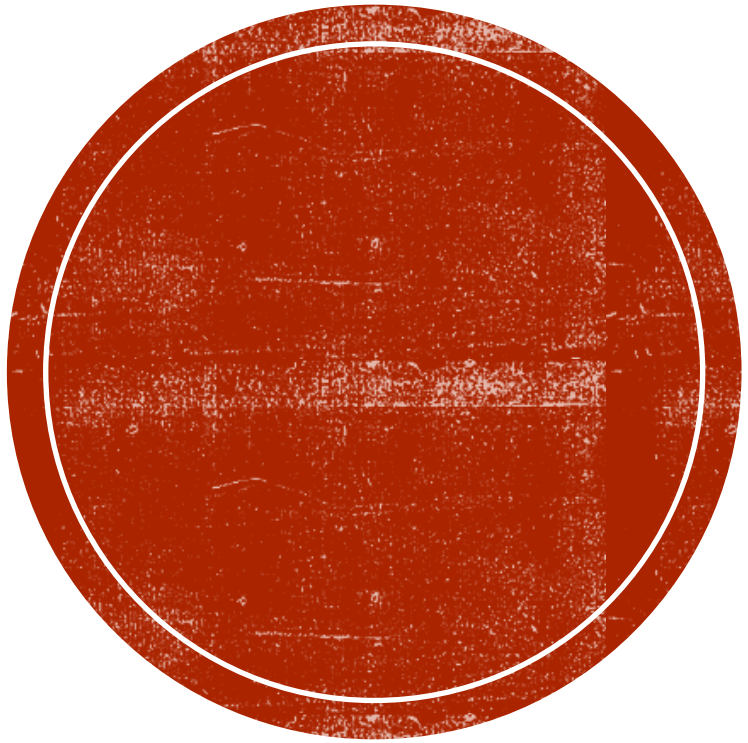
Americans, particularly young adults, are increasingly turning to alcohol to cope with life during a viral pandemic.



Researchers at the University of Arizona are sounding the alarm on a spike in substance abuse as Americans have endured a year of devastating illness, isolation and job loss caused by the global coronavirus outbreak.

Their new study revealed trends during lockdown pointing to "hazardous or harmful alcohol consumption," as well as an increased likelihood of developing alcohol dependence or a "severe" substance abuse disorder.

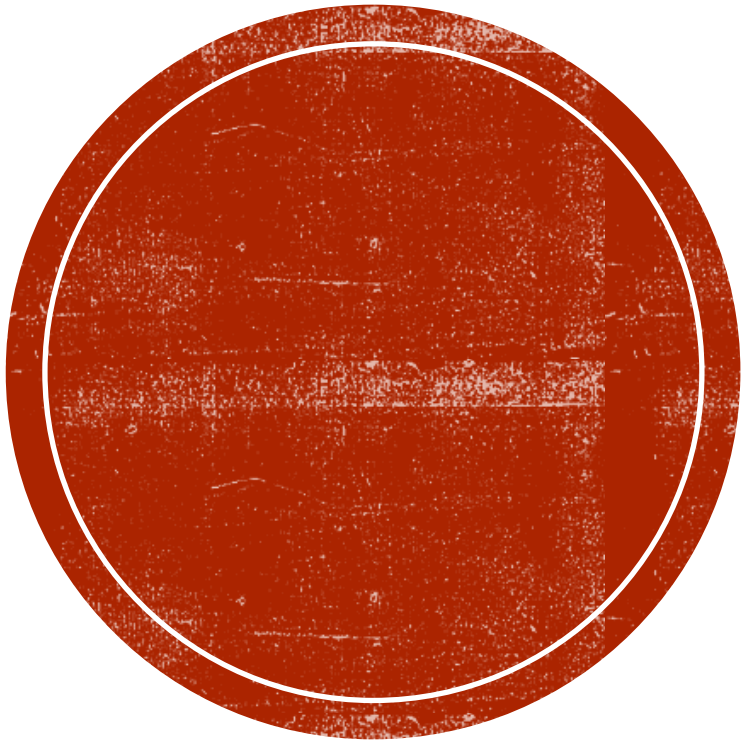
“Being cooped up with family for weeks and months without a break can be difficult, but when excess alcohol gets mixed in, it can become a recipe for increased aggressive behavior and domestic violence.”



Basics of excessive alcohol use:

- Drinking too much can be harmful to your health.
- Most people who drink excessively are not alcoholics or alcohol dependent.
- Excessive alcohol use includes binge drinking, which is defined as five or more drinks on an occasion (within two or three hours) for men, and four or more drinks on an occasion (within two or three hours) for women.
- Other forms of excessive alcohol use include heavy drinking (15 or more drinks a week for men, eight or more drinks a week for women), and any drinking by pregnant people or people younger than 21 years.
- Excessive alcohol use leads to more than 95,000 deaths each year in the United States.

- Excessive alcohol use increases the risk for violence, injuries, and motor vehicle crashes. It can also increase the risk of long-term health issues such as liver disease, cancer, heart disease, stroke, high blood pressure, and birth defects.



Drinking alcohol:

- May increase anxiety, depression, or other mental health.
- Increases the risk of family problems and violence.
- May alter your thoughts, judgment, and decision-making.
- Worsens sleep quality, which makes it more difficult to deal with stress.

To reduce the risk of alcohol-related harms, the *2020-2025 Dietary Guidelines for Americans* recommends that adults of legal drinking age can choose not to drink, or to drink in moderation by limiting intake to 2 drinks or less in a day for men or 1 drink or less in a day for women, on days when alcohol is consumed. The *Dietary Guidelines* do not recommend anyone start drinking for any reason.

There are some people who should not drink any alcohol, including those who are:

- Younger than age 21.
- Pregnant or may be pregnant.
- Driving, planning to drive, or participating in other activities requiring skill, coordination, and alertness.
- Taking certain over-the-counter or prescription medications.
- Experiencing certain medical conditions.
- Recovering from alcoholism or are unable to control the amount they drink.

Make sure you can practice recommended social distancing if you consider visiting bars, nightclubs, and other locations where people gather and drink alcohol.

- There are some people who should not drink any alcohol, including those who are:
  - Younger than age 21.
  - Pregnant or may be pregnant.
  - Driving, planning to drive, or participating in other activities requiring skill, coordination, and alertness.
  - Taking certain over-the-counter or prescription medications.
  - Experiencing certain medical conditions.
  - Recovering from alcoholism or are unable to control the amount they drink.
- Make sure you can practice recommended social distancing if you consider visiting bars, nightclubs, and other locations where people gather and drink alcohol.

Drinking alcohol and COVID-19:

- Drinking alcohol does not protect you from COVID-19.
- Drinking alcohol weakens your body's ability to fight infections, increasing the risk of complications and making it harder to get better if you are sick.
- Alcohol use can increase the risk of acute respiratory distress syndrome and pneumonia, which are sometimes associated with COVID-19.

Substance use and COVID-19:

- The response to the COVID-19 pandemic may result in disruptions to treatment and harm reduction service providers used by persons with a substance use or substance use disorder.

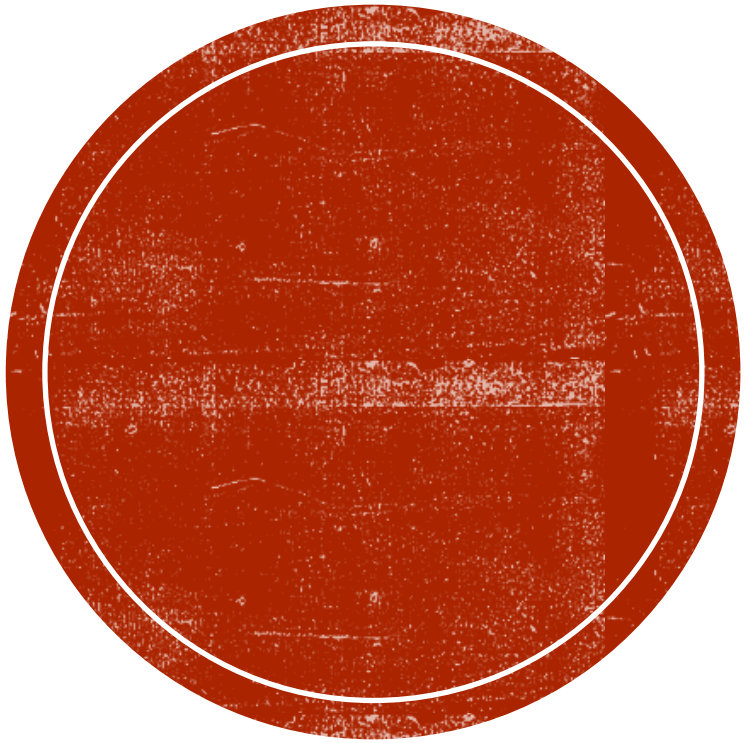
- In-person treatment options for substance use or substance use disorder might not be available, leading to risk of:
  - Untreated substance use or substance use disorder.
  - Return to substance use for people not currently using or in remission.

What is alcohol withdrawal syndrome (AWS)?

Alcohol withdrawal syndrome (AWS) is the name for the symptoms that occur when a heavy drinker suddenly stops or significantly reduces their alcohol intake.

With AWS, you may experience a combination of physical and emotional symptoms, from mild anxiety and fatigue to nausea.

Some symptoms of AWS are as severe as hallucinations and seizures. At its most extreme, AWS can be life-threatening.



What are the symptoms of alcohol withdrawal syndrome?

The signs and symptoms of AWS may appear anywhere from six hours to a few days after your last drink. These usually include at least two of the following:

tremors

anxiety

nausea

vomiting

headache

an increased heart rate

sweating

irritability

confusion

insomnia

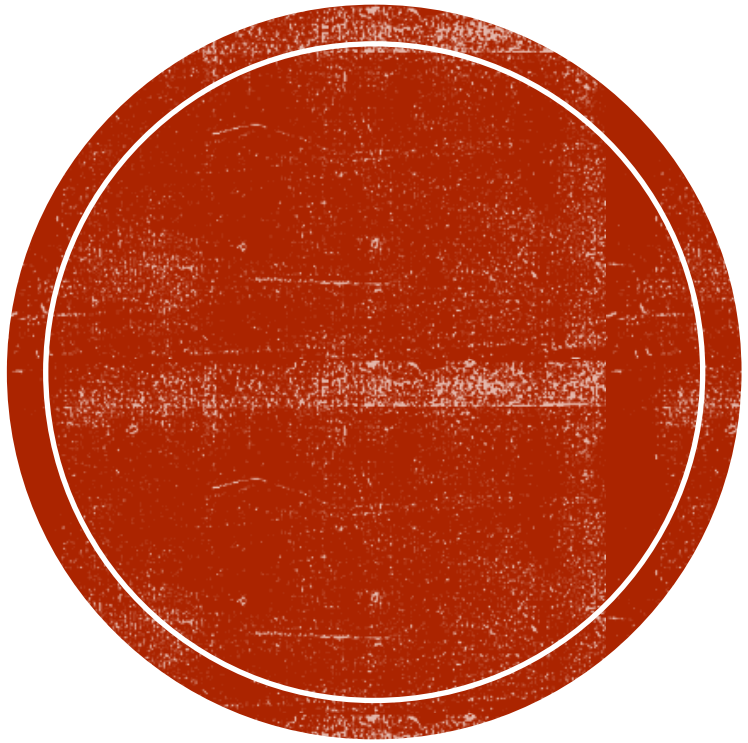
nightmares

high blood pressure

The symptoms may worsen over two to three days, and some milder symptoms may persist for weeks in some people. They may be more noticeable when you wake up with less alcohol in your blood.

The most severe type of withdrawal syndrome is known as delirium tremens (DT). Its signs and symptoms include:

- extreme confusion
- extreme agitation
- a fever
- seizures
- tactile hallucinations, such as having a sense of itching, burning, or numbness that isn't actually occurring
- auditory hallucinations, or hearing sounds that don't exist
- visual hallucinations, or seeing images that don't exist



WHAT CAUSES ALCOHOL WITHDRAWAL SYNDROME?

EXCESSIVE DRINKING EXCITES AND IRRITATES THE NERVOUS SYSTEM. IF YOU DRINK DAILY, YOUR BODY BECOMES DEPENDENT ON ALCOHOL OVER TIME. WHEN THIS HAPPENS, YOUR CENTRAL NERVOUS SYSTEM CAN NO LONGER ADAPT EASILY TO THE LACK OF ALCOHOL. IF YOU SUDDENLY STOP DRINKING OR SIGNIFICANTLY REDUCE THE AMOUNT OF ALCOHOL YOU DRINK, IT CAN CAUSE AWS.

Who is at risk for alcohol withdrawal syndrome?

- People who have an addiction to alcohol or who drink heavily on a regular basis and can't gradually cut down are at high risk of AWS.

- AWS is more common in adults, but children and teenagers who drink excessively may also experience the symptoms. You're also at risk for AWS if you've previously had withdrawal symptoms or needed medical detox for a drinking problem.

- The Centers for Disease Control and PreventionTrusted Source define heavy drinking as more than eight drinks per week for women and more than 15 drinks per week for men. The following are the equivalent of one drink:
  - 1.5 ounces of distilled spirits or liquor, including gin, rum, vodka, and whiskey
  - 5 ounces of wine
  - 8 ounces of malt liquor
  - 12 ounces of beer

- Binge drinking is the most common form of heavy drinking.
- For women, it's defined as four or more drinks in one sitting.
- For men, it's defined as five or more drinks in one sitting.

How is alcohol withdrawal syndrome diagnosed?

- A physician will review medical history, ask about symptoms, and conduct a physical exam.

- Some signs a physician will look for include:

- hand tremors
- an irregular heart rate
- dehydration
- a fever

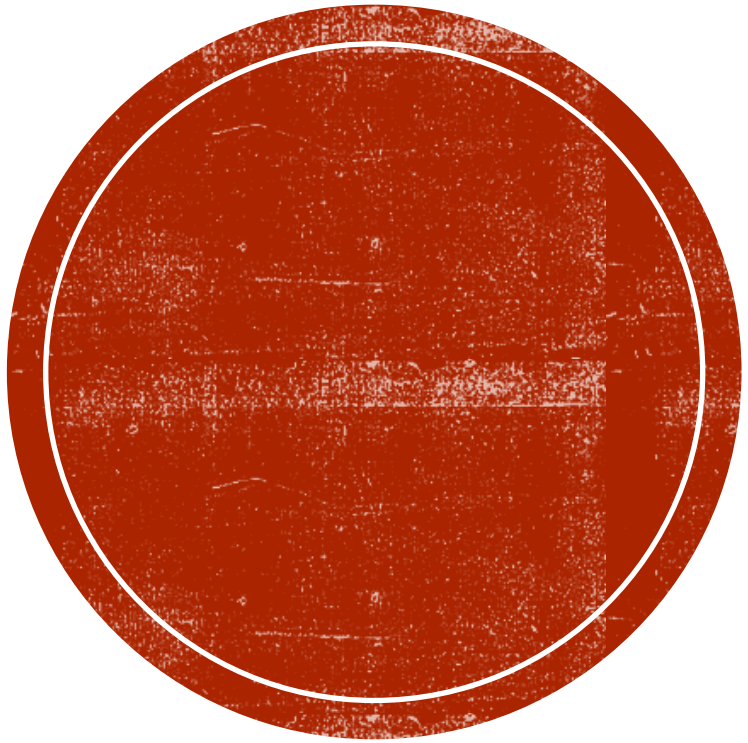
How is alcohol withdrawal syndrome treated?

- Treatment for AWS depends on how severe symptoms are.

- Some people can be treated at home, but others may need supervised care in a hospital setting to avoid potentially dangerous complications such as seizures.

- The first goal of treatment is to keep the patient comfortable by managing symptoms.

- Alcohol counseling is another important treatment goal.



MEDICATION ALCOHOLICS MAY BE PRESCRIBED FOR RECOVERY

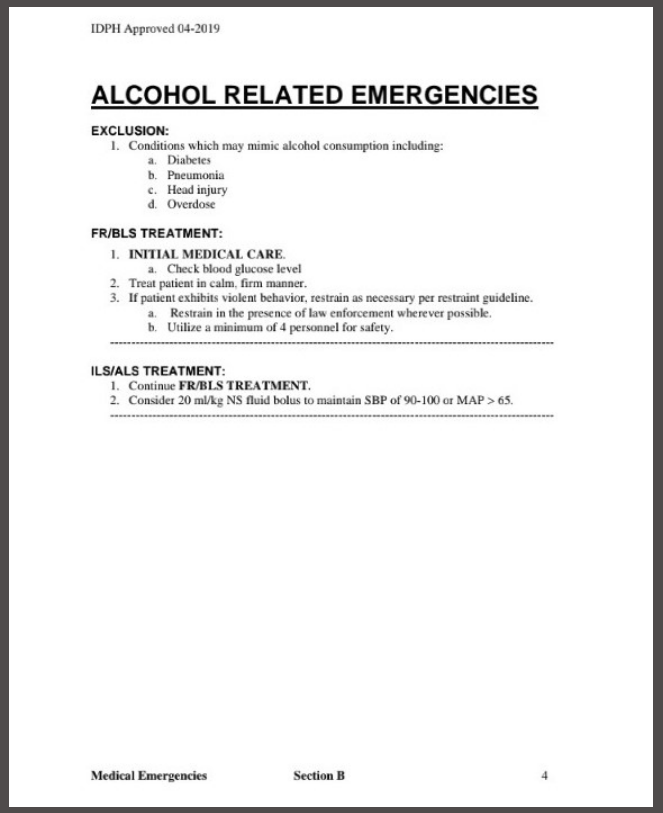
SHORT ACTING LORAZEPAM TAPER

- LORAZEPAM 1 – 2 MG EVERY 8 HOURS
- THIAMINE 100 - 250 MG
- MULTIVITAMIN
- FOLIC ACID 1 MG

LONG ACTING DIAZEPAM TAPER

- DIAZEPAM 10 MG
- THIAMINE 100 – 250 MG
- MULTIVITAMIN
- FOLIC ACID 1 MG

EMS CONCERNS WITH THE ALCOHOLIC PATIENT.



IDPH Approved 04-2019

ALCOHOL RELATED EMERGENCIES

EXCLUSION:

1. Conditions which may mimic alcohol consumption including:
   a. Diabetes
   b. Pneumonia
   c. Head injury
   d. Overdose

FR/BLS TREATMENT:

1. **INITIAL MEDICAL CARE.**
   a. Check blood glucose level
2. Treat patient in calm, firm manner.
3. If patient exhibits violent behavior, restrain as necessary per restraint guideline.
   a. Restrain in the presence of law enforcement wherever possible.
   b. Utilize a minimum of 4 personnel for safety.

ILS/ALS TREATMENT:

1. Continue **FR/BLS TREATMENT.**
2. Consider 20 ml/kg NS fluid bolus to maintain SBP of 90-100 or MAP > 65.

ALTERED LOC UNCONSCIOUS/UNKNOWN ETIOLOGY

NOTE: **If narcotic overdose is suspected, administer NARCAN prior to DEXTROSE.**

FR/BLS TREATMENT:

1. **INITIAL MEDICAL CARE.**
   a. Check blood glucose level.
2. Immobilize cervical spine if suspected spinal injury.
3. If blood glucose < 60 mg/dl (or suspected) **and** patient is conscious with an intact gag reflex, administer one tube of ORAL GLUCOSE.
4. Perform F.A.S.T. Stroke Screen if suspect neurologic cause.
5. If **airway compromise** or **inadequate respiratory effort** present, administer intranasal NARCAN at 1 mg/ml per nostril via atomizer* (1 ml per nostril maximum; 2 mg total dose). May repeat in 2-3 minutes to a maximum dose of 4 mg if no response.
6. Relay information to incoming ambulance or call for intercept per INTERCEPT CRITERIA.

ILS/ALS TREATMENT:

1. Continue **FR/BLS TREATMENT.**
2. IV NS KVO or saline lock.
3. If blood glucose < 60 mg/dl, administer DEXTROSE 50% 25 g IV.
4. **Alternative medication:** 10% dextrose in 250 ml of sterile water (D10W); administer in 50 ml (5g) IV aliquots until mental status normalizes. Repeat blood glucose. Consider repeating the dose if blood glucose is less than 60 with symptoms of hypoglycemia.
5. If no IV access available, administer GLUCAGON 1 mg IM.
6. If **airway compromise** or **inadequate respiratory effort** present, administer NARCAN:
   IV or IM – 0.4 mg; may repeat every 2-3 minutes to a maximum dose of 4 mg, if no response.
   IN – 1 mg/ml per nostril via atomizer* (1 ml per nostril maximum; 2 mg total dose). May repeat in 2-3 minutes to a maximum dose of 4 mg if no response.
7. Reassess need for intubation. Refer to UNIVERSAL AIRWAY ALGORITHM.

***Intranasal medications must be administered through an atomizer; Maximum volume per nostril = 1 ml.**

BEHAVIORAL EMERGENCIES

NOTES:

1. **Primary consideration should be given to EMS provider safety.**
2. **Notify law enforcement; approach patient only when safe to do so.**
3. **Talk in an even, reassuring tone; only one provider should speak.**
4. **Never allow a patient to get between you and a potential exit.**
5. **Avoid threatening gestures and body language.**

CRITERIA: Any may be present:

1. Emotional distress
2. Psychological emergencies
3. Potential or attempted suicide
4. Aggressive or hostile behavior

FR/BLS/ILS TREATMENT:

1. **INITIAL MEDICAL CARE.**
2. Restrain patient as needed if patient has a life-threatening emergency or suicidal/homicidal behavior **(see Region 6 Restraint Care Guideline).**
3. Assessment and history:
   a. Look for medical or traumatic causes of patient's behavior
   b. Note (and later document) behavior and mental status in detail.
   c. Obtain medical history, alcohol and psychiatric history if able.
4. If a medical or traumatic condition is suspected as the cause of the behavior, refer to the appropriate protocol.

SEDATION FOR THE EXTREMELY AGITATED PATIENT (ALS ONLY)

NOTE: Patient must be 14 years of age or older.

CRITERIA: Any may be present:

1. Extreme psychological and physiological excitement/agitation
2. Aggressive or hostile combative behavior marked by incoherence
3. Superhuman strength with near complete tolerance to pain
4. Impaired thinking and perception, paranoia
5. Relative inability to "talk down"

ALS TREATMENT:

1. Continue **FR/BLS/ILS TREATMENT.**
2. Sedate patient as necessary (as per #4 below) based on patient's presentation and potential for self-harm. Contact medical control prior to sedation if questions/concerns exist regarding care.
3. IV of NS or saline lock if able.
4. Administer VERSED:
   IM: 0.1 mg/kg IM; may repeat up to a maximum dose of 10 mg
   IN: 0.2 mg/kg IN; maximum dose 10 mg (if weight less than 50kg, max dose 5 mg)
5. Transport. If restrained, have law enforcement accompany patient.

Revised: July 2015; October 2015

SEDATION FOR THE EXTREMELY AGITATED PATIENT

SPECIAL SITUATIONS

NOTE:

1. **Primary consideration should be given to EMS provider safety.**
2. **Notify police. Approach patient only when safe to do so.**
3. **Talk in an even, reassuring tone; only one provider should speak.**
4. **Restrain as needed if patient has a life-threatening emergency or suicidal/homicidal behavior. (see Region 6 Restraint Care Guideline)**
5. **Patient must be 14 years of age or older.**

CRITERIA: Any may be present

1. Extreme psychological and physiological excitement/agitation
2. Aggressive or hostile combative behavior marked by incoherence
3. Superhuman strength with near complete tolerance to pain
4. Impaired thinking and perception, paranoia
5. Relative inability to "talk down"

TREATMENT: ALS ONLY

1. Initial Medical Care. Sedate patient as necessary (as per #5 or #6 below) based on patient's presentation and potential for self-harm. Contact medical control prior to sedation if questions/concerns exist regarding care.
2. Airway and OXYGEN 15 L NRB.
3. Assessment and history:
    a. Look for medical or traumatic causes of the patient's behavior.
    b. Note (and later document) behavior and mental status in detail.
    c. Obtain medical history, alcohol and psychiatric history if able.
4. IV of NS or saline lock if able.
5. Administer KETAMINE 5 mg/kg IM or 1.5 mg/kg IV.
6. Alternative chemical sedative: VERSED 0.1mg/kg IM May repeat up to a maximum dose of 10mg..
7. Determine blood glucose.
8. If glucose <60 mg/dl, administer DEXTROSE 50% 25g IV. If no IV access, administer GLUCAGON 1 mg IM.
9. Transport. If restrained, have police accompany patient.

July 2019

PLEASE COMPLETE THE CON ED QUIZ FOR CREDIT FOR THIS COURSE.