



Patient Case Study

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Patient Profile

- 42 year old male
- Unemployed but had previously worked as a labourer
- Divorced, regular contact with brother and mother

Patient History

- On admission patient had nausea, tremors, dizziness and was hypotensive.
- Blood test results showed he had Hyponatraemia and had a low Haemoglobin level.
- Patient has an extensive history of alcohol misuse. He had regularly been drinking up to 1 bottle of Vodka daily in recent years.
- He had sporadic presentations to hospital over the years, largely all related to his alcohol misuse.
- He has COPD and Peripheral Neuropathy
- Concerns from family brother that he had started to show signs of cognitive decline (poor memory and episodes of confusion)

Patient Situation

- On admission, patient was very restless, agitated and confused. He was subsequently started on a reducing regime of Chlordiazepoxide to treat Delirium Tremens along side IV Pabrinex[®] (high potency vitamins B and C), 3 pairs TDS as per hospital policy.
- Patient's detox stabilised but he continued to remain in a confused state and was confabulating in conversation and had nystagmus. The decision was made to extend his IV Pabrinex for up to 14 days to allow for cognitive recovery from Wernicke's Encephalopathy (WE).
- After 7 days the patient's nystagmus had resolved but he still remained in a confused state with episodes of confabulation. Regular cognitive impairment tests (6CIT) were undertaken by the team throughout his admission indicating a severe level of impairment.
- On day 14 of his Pabrinex treatment patient made a full recovery. He became fully orientated, his 6CIT was back to a normal range and he was discharged.

Actions and Outcome

- The number of treatment days for IV Pabrinex had been discussed in an alcohol related brain injury working group within the trust. It was felt that 14 days was a suitable timeframe to improve the chances of a patient making a good cognitive recovery.
- ALT ensured 14 days of IV Pabrinex was given to the patient as his medical team did want to discontinue at day 10 (as they felt he was unlikely to make any recovery).
- DOLs (Deprivations of Liberty Act) was applied in order to give patient necessary Pabrinex treatment in his best interest. This was lifted once he regained capacity.

Key Learnings

- Regular cognitive assessment is very important in monitoring decline or recovery baseline.
- Regular discussions with the wider medical team (such as consultants) are required to provide clear treatment plans and rationale with regards to the need for extended Pabrinex treatment when dealing with WE.
- The introduction of the Trust's Alcohol Related Brain Injury Pathway as an additional guide and training tool to educate and advise all staff with regards to WE and subsequent risks of ARBI.