

Patient Case Study

Catrina Tranquille

Western Sussex Hospitals NHS
Foundation Trust, St. Richard's
Hospital

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Patient Profile

- 42 year old female
- Works part-time in Boots and as a part-time cleaner
- 7 year old son who lives with her in a 3 bedroom house she owns
- Separated from son's father, who sees his son three times a week.
- Patient frequently stays with her mother, and father who has Alzheimer's
- Her parents live very close by and her mother helps with child care.
- Close relationship with her older sister who has no children

Patient History

- Two previous hospital admissions in the last 5 years for alcohol withdrawal and suicidal thoughts. On both occasions were brought in by her sister.
- 10 year history of excessive alcohol intake. Reports to have been drinking up to 2 bottles of wine per day. Sporadic periods of abstinence lasting up to 4 months at a time.
- Paid privately for a detox and rehab in Oxford about 3 years ago. Rehab only lasted 3 out of the planned 6 weeks as patient self-discharged.
- On Sertraline 100mg OD by GP for 2 years.
- Previous Social Care involvement but not currently open with Social Care.

Patient Situation

- Presented at 6pm mid-week with her sister after expressing suicidal thoughts. Had begun drinking heavily 5 days prior to attendance. Had been abstinent for 3 months prior to that.
- Patient very emotional and displaying mild signs of alcohol withdrawal (shaking, sweating, anxiety).
- Patient presented wanting an alcohol detox and rehab, wanting to be 'locked away and fixed'.
- Last alcoholic drink approximately 24 hours ago. 2 bottles of wine per day prior to that.
- Stopped because she had 'had enough'
- Rang sister who brought her to A+E.
- Dishevelled appearance and was preoccupied with her mobile phone during doctor's assessment. Protective of her handbag and its contents.

Actions and Outcome

- Triage nurse tried to refer to ALN (Alcohol Liaison Nurse) service but ALN had gone home at 5pm.
- Patient was given 1 litre of normal saline, a dose of Pabrinex (vitamins B & C) High Potency concentrate for solution for infusion and then discharged home. She was told an ALN would contact her tomorrow.
- IV access was difficult due to patient being so agitated. 1 dose of 30 mg chlordiazepoxide was given, which took affect.
- Patient was discharged swiftly and was not delayed in the department. No further suicidal ideation once in A+E after 1hour.
- NO need for mental health assessment due to predominant alcohol use which triggered the suicidal thoughts. Patient initially got quite aggressive as she wanted a mental health assessment. Explained that mental health team do not assess people who primarily present with alcohol issues.
- Sister also argued the need for a mental health assessment which caused tension in the department between staff and patient.
- There was a query as to whether she had alcohol stored in her handbag but this was never explored.

Key Learnings

- The ALN service needs to operate past 5pm and ideally 7 days a week. Weekend referrals are often lost. Service willing to cover later hours and weekends, but in doing so leaves some weekdays uncovered.
- The telephone referral system means staff can refer a patient at ANY time. Patient can then be contacted within the following 24 hours by the ALN. This applies even if the patient has been sent home.
- ALN provided assessment over the telephone, which should have ideally be done face-to-face.
- Incorrect contact details left for ALN so time was wasted obtaining correct personal details. Staff have been reminded to check details before referring.
- No details on system for next of kin therefore sister was not given any support.
- A Child Safeguarding alert was NOT raised as staff thought because son was being looked after by grandparents at time of incident there was no risk. It was later discovered that grandmother has history of alcohol abuse. The importance of raising Child Safeguarding alerts was fed back to the specific staff members involved.