

### Alcohol Overdose

- Excessive amount of alcohol in bloodstream causing basic life support functions to shut down.
  - ↓RR, ↓HR, poor temp regulation, absent gag reflex
- Sx: Mental confusion →stupor/coma
  - Unarousable, N/V, seizures, hypothermia,
  - Bradypnea or irregular breathing, bradycardia
- On- Scene Treatment: assess ABC!
  - Found conscious or unconscious?
  - Witnesses? Time of last drink?
- ED treatment:
  - Apply 100% nonrebreather is SpO2 <92%
    - May need intubation.
  - IV access & admin IV fluids to correct dehydration/electrolyte imbalances.
  - Lateral position and admin antiemetics if needed.
  - Sedation: may be needed if the patient is agitated or violent to prevent injury to self (ex: lorazepam, diazepam).
- Role of ED Nurse:
  - Apply 100% nonrebreather and place in lateral position.
  - Insert/maintain IV: Administer fluids and draw labs.
  - Reassess vital signs q15 mins until stable.
  - Maintain calm, low stimuli environment.

### Alcohol Withdrawal

- Occurs when an individual stops/reduces alcohol intake after long term use.
- Sx: N/V, diaphoresis, insomnia, HTN, anxiety, HA, palpitations.
  - Can progress to seizures, tremors, and hallucinations w/o treatment.
- CIWA protocol: objective way to measure the severity of alcohol withdrawal.
  - Consists of 10 questions that assess the presence/severity of each symptom.
  - Mild: ≤8, Moderate: 9-15, Severe >15
  - Scale is used to guide treatment and assess progress during time of care.
- On- Scene Treatment: Assess ABC!!
  - Determine time of last drink
  - Assess onset of symptoms
    - When did symptoms start and what symptoms are they experiencing?
- ED Treatment: correct dehydration with IV fluids, utilize CIWA scale, **admin benzodiazepines per order**, admin supplements (ex: thiamine).
- Role of ED Nurse:
  - CIWA assessment q1hr, establish IV access/hang fluids/draw labs.
  - Administer IV benzodiazepines per MD order, assess VS, and maintain seizure precautions.

### Withdrawal Complications:

- **Seizures:** caused by overstimulated CNS, imbalance in electrolytes, and/or dehydration. Tx: IV benzos, seizure precautions, assess VS and apply oxygen if needed.
- **Delirium Tremens:** severe, life threatening form of withdrawal. Sx: visual hallucinations, extreme confusion, tachycardia, hypertension, hyperthermia, seizures, and agitation. Tx: high doses of IV benzodiazepines
- **Wernicke-Korsakoff Syndrome:** neurological disorder caused by a deficiency in thiamine.
  - Wernicke encephalopathy: acute brain disorder. Sx: confusion, ataxia, visual changes
    - If untreated, progresses to Korsakoff Syndrome
  - Korsakoff Syndrome: chronic memory disorder

**Discharge/Prevention Instructions:** Teach the signs and symptoms of alcohol overdose/ withdrawal, potential complications of withdrawal, and the importance of maintaining sobriety.

- Inpatient rehab, community support groups, AA, distraction techniques.
- Daily medications: supplemental vitamins, thiamine supplement.
- Long term abstinence medications: naltrexone, acamprosate, disulfiram.
  - Alcohol combined with disulfiram= N/V, hypotension, flushing and palpitations.