

Alcohol intoxication

Assessment

- Examine for signs of trauma.
- Document number of standardized drinks consumed in past 12 hours.
- Document signs of intoxication: odour of alcohol, slurred speech, etc.
- Check finger-stick glucose.
- If blood work is drawn, consider adding blood alcohol level (BAL).
 - If BAL < 20 mmol/L, consider alternative diagnosis to explain ataxia, slurred speech, or altered level of consciousness (e.g., DT, Wernicke's, hepatic encephalopathy, subdural hematoma).
 - Note: BAL declines by 4–7 mmol/hour; therefore, a BAL of 40 mmol/L on admission will be around 15 mmol/L 5 hours later.

Treatment

- Thiamine 300mg PO/IV.
- Replace glucose if hypoglycemic.

Discharge and referral

- Discharge when patient is alert and ambulatory.
- **Refer to rapid access addiction medicine clinic.**
- Refer to withdrawal management services if:
 - Patient may go into withdrawal.
 - Patient does not have positive social supports or stable housing.
 - Patient is in crisis (e.g., their partner has threatened to leave them).
 - Patient wants to start treatment right away.
- Consider reporting to Ministry of Transportation.

Minimum criteria for reporting patient to Ministry of Transportation

- Patient drove to ED while intoxicated.
- BAL > 17 mmol/L at estimated time of driving (metabolized at 4–7 mmol/hour).
- Patient or family reports drinking and driving.
- Patient has had a seizure and drives.
- Patient has hepatic encephalopathy, cerebellar ataxia, alcohol-induced dementia, etc., and drives.
- Patient drinks throughout the day and regularly drives.