

Evaluation and Disposition of the Intoxicated Patient

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PENNSSTATE





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**** WARNING ****

YOUTUBE VIDEOS OF INTOXICATED
COLLEGE STUDENTS WILL BE USED...IF
YOU ARE CONCERNED YOU MAY BE IN
ONE, FEEL FREE TO STEP OUT NOW...

OBJECTIVES

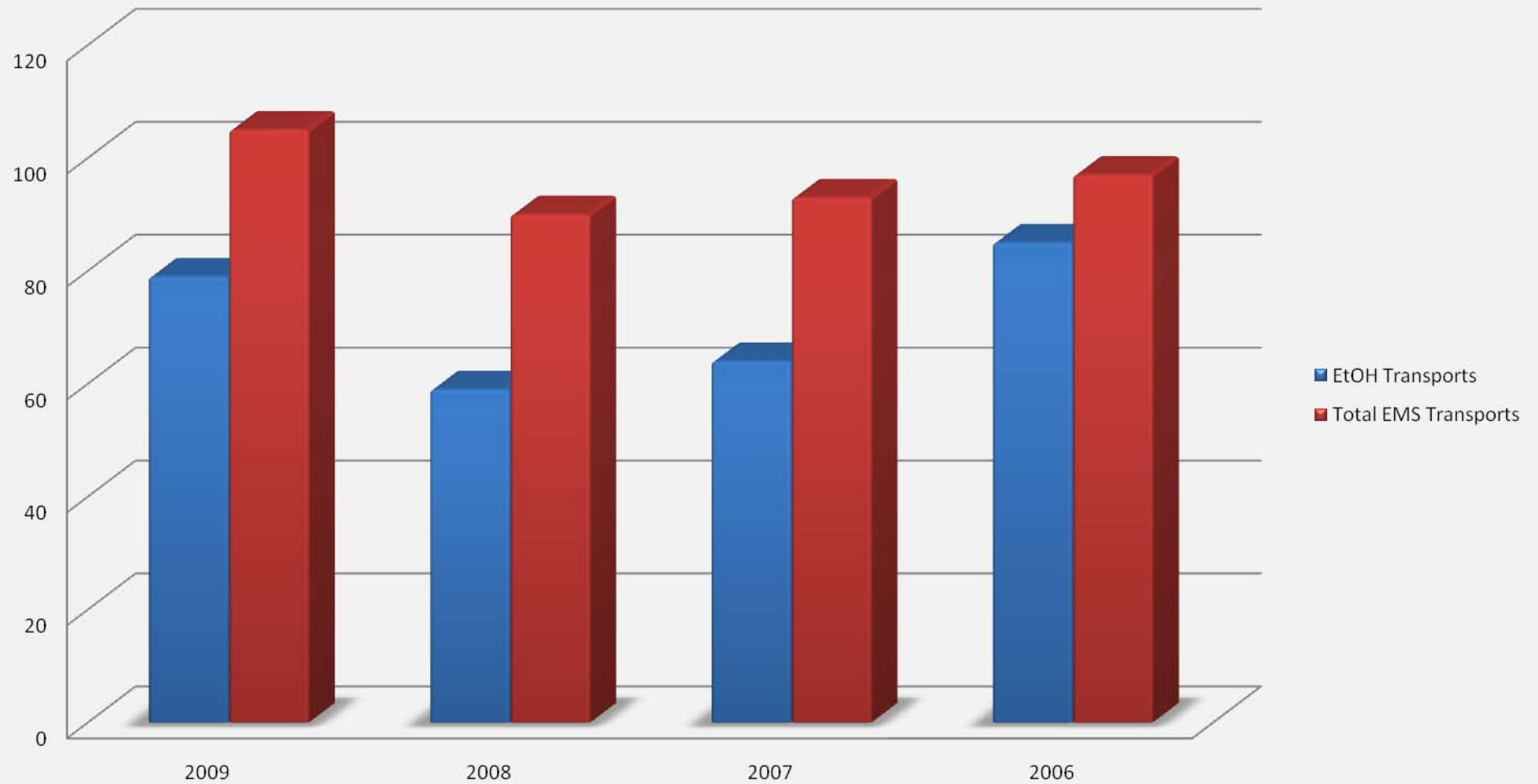
- Understand the scope of alcohol and, in particular, binge drinking on college campuses
- Appreciate critical warning signs in evaluation of intoxicated patients
- Understand critical elements of determining capacity to make an informed refusal
- Learn about the Penn State protocol for disposition of intoxicated patients

Epidemiology of Alcohol in 18-24yo

- 1700 Deaths/yr
- 599,000 injuries
- 696,000 assaults
- 97,000 sexual assaults
- 400,000 incidents of unprotected sex
- 2.1 million DUI

Rice University EMS

EtOH and Total Ambulance Transports



Case Reviews

- **Case #1: Bathroom Floor**



Case Reviews

- **Case #1: Bathroom Floor**
- **Case #2: Hot tub**



Case Reviews

- **Case #1: Bathroom Floor**
- **Case #2: Hot tub**
- **Case #3: Stairs**



Case Reviews

- **Case #1: Bathroom Floor**
- **Case #2: Hot tub**
- **Case #3: Stairs**
- **Case #4: Pants Trouble**



EVALUATION OF THE INTOXICATED PATIENT

Critical Determinations

ASSUMPTION: There is some degree of Altered Mental Status

1. Is There a Non-Alcohol Cause for Altered Mental Status?
2. Is There Risk of Harm?
3. Does The Individual Have Capacity To Refuse Care?
4. Is there someone who can take responsibility for the patient

Essential H&P Elements

- Thorough History and Physical Examination
- Blood Glucose Level
- Pulse Oximetry
- EtCO₂ if Available



Critical History Concerns

- ANY history of trauma
- ANY suicidal threats or depression
- ANY significant coingestants
- ANY alcohol ingestion in the last hour
- ANY significant medical complaints
- ANY combative behavior
- ANY involvement of less-than-lethal devices

Critical Physical Examination Concerns

- ANY evidence of trauma beyond minor extremity
- ANY significant derangement of blood glucose
- ANY evidence of airway compromise
- ANY significant hypoxia/hypercarbia
- ANY abnormal vital signs

Risk of Harm

- Is there a responsible caretaker?
- Is there an inherent danger in refusal?
- Is there a possibility of worsening BAL?
- Alcohol consumption history
 - What was consumed?
 - What was the time period of consumption?

- **T**- Trauma
- **R**- Rage (combative)
- **A**- Airway compromise
- **N**- Narcotics/Co-ingestants
- **S**- Suicidal/ Depression/Psychotic
- **P**- Pain (Chest/Abdomen/Other medical complaints)
- **O**- Oxygen Low/ CO₂ High
- **R**- Risk of Harm (Self/Others)
- **T**- TASER (other less-than-lethal devices)
- **I**- Ingestion Recent/Extremely large (EtOH)
- **N**- Not Normal Vital Signs
- **G**- Glucose Low/High



Determining Capacity

- Adult or Qualified Minor
- Alert and Oriented
- GCS 15
- Must Appreciate the Situation
- Must Understand the Medical Concern/Diagnosis
- Must Understand the Consequences of Refusal

Scene Resources

- Police
- Trained members of the community to monitor individual
- Resident Associates
- College Masters
- Parent/Guardian
- MEDICAL COMMAND PHYSICIAN





Penn State Special Events Protocol

- Staff Trained/Certified in use of Breathalyzer
- On first contact, at least two similar readings are obtained by staff or PD
- Complete medical evaluation occurs
- Second set of Breathalyzer readings are taken at least 30min following first set



Penn State Special Events Protocol

- If readings are down-trending and the person would otherwise be clear for refusal, they may be released
 - To Police
 - To responsible seemingly sober individual
- If readings are up-trending → TRANSPORT
- Follow-up phone call within the next 24 hours

Future Directions

- EMS Initiated POC testing
 - Drug Screen
 - Lactic Acid
 - Electrolytes
- Treat and Release?

Take Home Points

- ALCOHOL IS BAD!!
- **TRANSPORTING** Mnemonic
- Assess Capacity To Refuse
- Involve Resources If You Are Concerned
- And Finally.....

DON'T LEAVE DRUNK FRAT BOYS IN HOT TUBS

