

HAWKE'S BAY DISTRICT HEALTH BOARD	Manual:	Mental Health Services Policy & Procedures Manual
Planned Withdrawal Management Procedure	Doc No:	OPMHAH/MH&APPM/8952
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	Signature:	Allison Stevenson
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PURPOSE

To ensure that clients requiring treatment for substance withdrawal or are at risk of substance withdrawal are managed safely and appropriately.

Based on demand and severity (Appendix 1), a range of treatment settings (Appendix 2), are available to offer the client a safe and stable withdrawal.

Treatment for substance withdrawal will include management of any co-existing problems.

This procedure is consistent with Matua Raki Withdrawal Guidelines (2012), supporting the delivery of high standards of safe practice for the benefit of clients, their family, practitioners and the organisation.

PRINCIPLES

For service-wide principles, please refer to the [Mental Health Service Policy - 8953](#)

SCOPE

This procedure applies to all Hawke's Bay District Health Board (HBDHB) staff and to clients admitted to any clinical area within the HBDHB.

This includes:

- Addiction Services
- Detoxification Nurse
- Community Mental Health Teams
- General Practitioner's
- Consultant Psychiatrists
- Alcohol and Other Drug Practitioners
- Emergency Department and Acute Assessment Unit
- Home Based Treatment
- Springhill
- Intensive Mental Health Services

ROLES AND RESPONSIBILITIES

1. Withdrawal management should be planned and managed by addiction practitioners (detoxification nurse) and services.
 - A detox is one event in a continuing process between dependent use and sobriety. The quality of the preparation and subsequent aftercare is fundamental to success.
 - Detoxification as a treatment on its own is not effective and is unlikely to bring about lasting change.

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- It is the role and the responsibility of the attending doctor and clinical staff to assess and treat all medical conditions according to best practice and manage any presenting complications related to withdrawal/detoxification.
 - The perspective should be holistic with attention always to the client's physical, psychological and social needs.
 - Two prerequisites to offering treatment for substance withdrawal.
This includes:
 - Confirmation of substance dependency by using the World Health Organization (WHO) International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10), mental and behavioral disorders due to psychoactive substance use (F10-F19).
 - The client has expressed a clear desire to stop using substances.
2. This procedure for substance withdrawal is not specific to any one substance but an overview of general withdrawal management. Substances that would be included are grouped into the following:
- Alcohol
 - Amphetamine Type Stimulants (ATS)
 - Benzodiazepines
 - Cannabis
 - Gamma-Hydroxybutyrate (GHB)
 - Inhalants
 - Opioids

Alcohol and Other Drug Practitioners/ Keyworker

- Establish if there is clear physical dependence, tolerance and withdrawal symptoms that requires withdrawal management. Ensure that support from the detoxification nurse is utilised where appropriate.
- Provide pre-withdrawal support.
- Ensure that suitable post withdrawal interventions are in place and delivered.
- Complete all records in accordance with DHB policies.

Detoxification Nurse

- Assess suitability for home, respite or hospital withdrawal management.
- If not suitable, then the patient's care will be reviewed in the multidisciplinary team to explore other treatment options.
- Ensure the client has an agreed post detox plan to support with ongoing abstinence and recovery.
- Undertake a risk assessment related to withdrawal management (as other risk assessment should be completed by the referring clinician). Each client's profile needs to be checked to minimize the risk of dangerous and potentially fatal consequences. For example, in an alcohol dependent person these risks increase with time due to deteriorating physical, mental health and nutrition. In comparison risks in opiate dependent clients may be around reduced tolerance and accidental overdose in relapse.
- Other risks specific to substance use would include injecting drug use: sharing needles, high risk sites i.e. neck and groin, blood borne infections (Hepatitis B and C, HIV), injecting alone.
- The range of risk is extensive and the above is by no means comprehensive and does not cover the specific clinical risks related to alcohol withdrawal.
- Risk is a dynamic process requiring active review if circumstances change and, so possibly, necessitating the transfer of a client from home to a hospital setting during detox.

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- Establish a client specific care plan and gain verbal and written consent.
- Ensure that the client has suitable support for the duration of the withdrawal management process.
- Agree start date and contact arrangements throughout the detox.
- The baseline assessment and ongoing monitoring would vary depending on the withdrawal management of each substance.
- Liaise with all medical staff involved.
- Ensure detox medication is arranged and is in a place with safe storage. Some medications i.e. diazepam will need to be dispensed close control, daily pickup from an agreed pharmacy. Prescriptions should be faxed directly to the pharmacy to avoid problems with re issuing lost prescriptions and to avoid misuse of medication.
- Maintain communication with the prescribing doctor and key worker throughout the withdrawal period.
- Complete all records in accordance with DHB policies.
- Record all stages of the withdrawal process in accordance with DHB policies.
- Evaluate the effectiveness of the intervention.

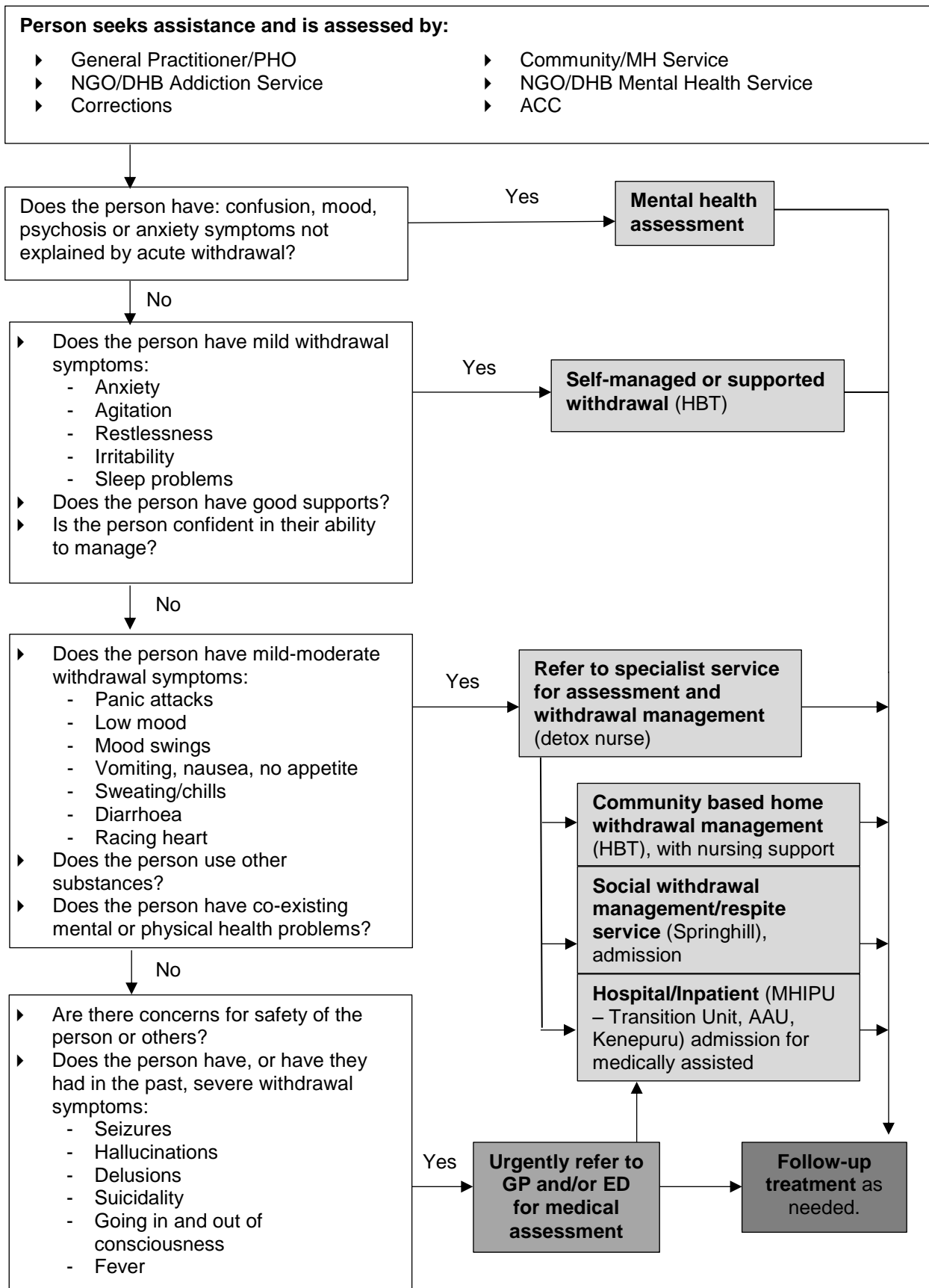
Psychiatrists and Medical Officers

- Assess and treat co-existing patients throughout the withdrawal management process.
- Maintain communication with the detoxification nurse and key worker throughout the withdrawal period.
- Evaluate the effectiveness of the intervention.
- Complete all records in accordance with DHB policies.

General Practitioner (GP)

- In all clients the GP will carry the required pre-withdrawal physical assessment and the required investigations.
- Provide all normal GP health care interventions.
- Assess the suitability for community medicated alcohol withdrawal in line with prescribing policy.
- Complete all required paperwork in line with DHB policy.
- Provide the prescription.
- Maintain communication with the detoxification nurse and key worker throughout the withdrawal period.
- Evaluate the effectiveness of the intervention.
- Complete all records in ECA accordance with DHB policies.

GENERAL SUBSTANCE WITHDRAWAL MANAGEMENT PATHWAY



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MEASUREMENT CRITERIA

- This procedure will be subject to regular internal audit to monitor its effectiveness.
- Documentation is completed by the agreed timeframes e.g. documentation audit.
- Alcohol and Drug Outcome Measure (ADOM) to be completed on admission.
- Feedback and/or event report system.

DEFINITIONS

Detoxification

Is used as a term to describe the process of flushing toxins (substances) from a person's body. In addiction context the term is used to describe the process, and what happens, when a person who has been using a substance(s) heavily and regularly stops using substances(s). The term is often used interchangeably with "managed withdrawal".

Withdrawal

Is used as a term to describe both the process and the acute and protracted symptoms, physical and psychological, that can accompany the cessation or reduction of use of any substance that has been used regularly over a prolonged period of time.

Substance Abuse/Dependency

Substance abuse is long-term, pathological use of alcohol or drugs, characterised by daily intoxication, inability to reduce consumption, and impairment in social or occupational functioning; broadly, alcohol or drug addiction.

Substance dependence is a pattern of behavioral, physiologic, and cognitive symptoms that develop due to substance use or abuse; usually indicated by tolerance to the effects of the substance and withdrawal symptoms that develop when use of the substance is terminated.

Co-Existing Problems

The term co-existing problems is used to describe the presence of complex problems in the same person at the same time. Problems can include substance use; mental health; physical health; interpersonal; cultural and social problems.

REFERENCES

[Substances Withdrawal Management Guidelines for Addiction and Allied Practitioners. Matua Raki 2012](#)

[Please refer to the service-specific Mental Health Policy & Procedure page on Our Hub](#)

[Please refer to the organisation-wide Policy & Procedure pages on Our Hub – click here to access that page.](#)

RELATED DOCUMENTS

Nil

KEYWORDS

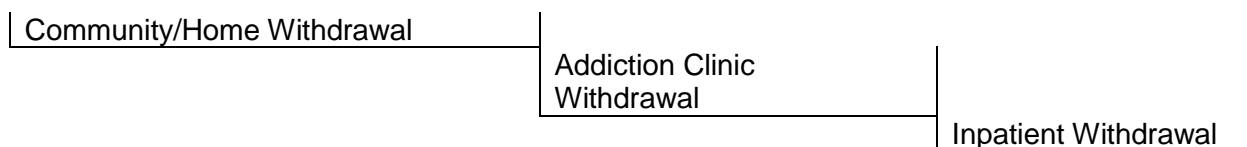
Alcohol
Withdrawal
Substance Abuse/Dependence
Detoxification
Drugs
Detox

***For further information please contact
Clinical Coordinator / Springhill Alcohol & Drug Residential Centre***

Appendix 1

The managed withdrawal of clients in the community must meet the criteria outlined in the following chart:

Mild withdrawal syndrome	Moderate withdrawal syndrome	Severe withdrawal syndrome
<p>Indicators:</p> <ul style="list-style-type: none"> ▪ Mild to moderate physical discomfort ▪ No co-existing medical conditions complicating ▪ No, or mild, psychological distress 	<p>Indicators:</p> <ul style="list-style-type: none"> ▪ Considerable physical discomfort ▪ May have medical risk factors, and/or ▪ May have psychological distress and possible underlying mental health problem, and/or ▪ May have unsupportive, or lack of, stable home environment and social network 	<p>Indicators include any of the following:</p> <ul style="list-style-type: none"> ▪ Extreme physical discomfort ▪ Withdrawal seizures ▪ Accentuated anxiety ▪ Restlessness and/or aggression ▪ Hallucinations ▪ Disorientation in time, place, person ▪ Suicidal ideation ▪ Severe depressive disorder or severely depressed mood ▪ Psychosis related to drug taking ▪ Co-existing medical conditions, such as pancreatitis, chest infections, pneumonia, liver disease ▪ Unsupportive/unstable home and social environment



Appendix 2

SETTINGS FOR PLANNED SUBSTANCE WITHDRAWAL IN HAWKE'S BAY DISTRICT HEALTH BOARD (With Indicators for Referral)

KENEPURU HOSPITAL, CAPITAL AND COAST DHB

Indicators for Referral

Primarily for the management of moderate to severe alcohol withdrawal syndrome although other substance withdrawal will be considered. Specialist advice regarding withdrawal management is available. Contact Detoxification Nurse Specialist, Wellington CADS 04 4949170 or 027 2255336

- Assessment indicates the potential for moderate to severe withdrawal symptoms
- Consumption exceeds 150g (15 standard drinks) daily
- Early morning drinking
- Raised blood alcohol level greater than 150 mg/dl plus tolerance
- Past history of severe alcohol withdrawal, i.e. seizures, hallucinations, confusion
- Hypokalaemia, hypomagnesaemia
- Incurrent illness (sepsis, hypoxia)
- Recent general anaesthesia

MENTAL HEALTH INTENSIVE SERVICES

Indicators for Referral

- Patients who present with unstable coexisting mental health problems
- Detoxification concerns may range from mild to moderate
- Patients without appropriate support and/or environmental concerns
- Has previous failed supported home detoxifications

EMERGENCY DEPT/AAU, HAWKE'S BAY HOSPITAL

Indicators for Referral (must be arranged through the on call physician)

- Complex co-morbid medical conditions; if the patient has a chronic stable medical condition that the detoxification process would significantly exacerbate
- When there is a history of unstable medical problems e.g. uncontrolled insulin-dependent diabetes, uncontrolled hypertension or if there is serious organ damage from the substance e.g. acute alcoholic pancreatitis, hepatic decompensation
- When the patient is assessed as unfit to travel to Kenepuru Hospital

SPRINGHILL RESIDENTIAL REHABILITATION CENTRE

Indicators for Referral

- Mild to moderate withdrawal symptoms are anticipated
- For planned substance withdrawal where supported home detoxification is not suitable due to environmental concerns i.e. they live rurally or live somewhere where substance use can't be avoided, unstable housing/homeless, poor supports
- Where repeated home detox's have been unsuccessful
- Where mental and physical health problems are generally stable
- Where the patient is already engaged in Mental Health and Addiction Services (has a key worker and a follow up plan)
- Where the patient has been assessed by the detox team

Possible exclusion

- *Patient not prepared to be smoke free*
- *Unstable physical or mental health problems (look at other options)*
- *For Hawke's Bay clients only and not for outside agencies/organisations*
- *If the patient may disrupt the recovery of fellow residents*

SUPPORTED COMMUNITY/HOME WITHDRAWAL

Patients who are assessed to have minimal risk of experiencing complicated withdrawal will have the option of a Supported Home Detoxification. This can be arranged by contacting the Alcohol and Drug Service.

Indicators for Referral

- Mild to moderate withdrawal syndrome anticipated
- Stable home environment
- Good supports
- No concerning physical or mental health problems
- Can get to the pharmacy (maybe daily as some medications will be close control)

The home based treatment team can enhance the supports available in the absence of the detox nurse.