

Addiction, Chemical Dependency, and Withdrawal

ALERT

Simultaneous consumption of alcohol and sedative-hypnotics increases the risk of death.⁶

Alcohol withdrawal is a potentially life-threatening health condition requiring medical attention.⁴ Severe alcohol or sedative-hypnotic withdrawal (e.g., from sedatives or barbiturates) can be fatal; rapid treatment is required for both conditions.

OVERVIEW

Alcohol and substance use are widespread in the United States, and alcohol is commonly abused.¹ People who are addicted to drugs have a higher incidence of mood and anxiety disorders than the general population,² and people with mood and anxiety disorders have a higher risk of developing an addiction to drugs (including prescription medications used for nonmedical purposes) and alcohol.⁵

The rate of alcohol-related emergency department visits has increased steadily in recent years.³ Alcohol and drug abuse affects adolescents, adults, and older adults.² Although opioid and cocaine withdrawal produce nonlife-threatening symptoms (opioid withdrawal resembles the flu; cocaine withdrawal leads to restlessness and agitation), alcohol and sedative-hypnotic withdrawal may be fatal.

Nurses working in emergency departments, trauma units, and other medical-surgical settings must be educated about alcohol and drug intoxication and withdrawal so they can treat patients adequately. The nurse's role in caring for these patients includes conducting a thorough patient assessment and substance abuse history, maintaining safety for the patient and staff, and monitoring the patient's vital signs and electrolyte status.

STRATEGIES

1. Introduce yourself to the patient.
2. Perform hand hygiene before patient contact.
3. Verify the correct patient using two identifiers.
4. Assess the patient for increased risk for suicide.
5. Assess the patient's vital signs.
6. Assess the need for a psychiatric practitioner consult and seek a consult as appropriate.
7. Ask which types of drugs the patient has ingested and when the patient last ingested them.
8. Ask if the patient drinks alcoholic beverages and when the patient last drank.
9. Ask if the patient has used over-the-counter medication, such as cough syrup.
10. Ask when the patient first used drugs or alcohol.
11. Ask about the pattern of usage, including frequency, route, and amount typically consumed.
12. Ask how drugs and alcohol have affected the patient's life.
13. Assess the patient's treatment history.
14. Ask about the history of withdrawal symptoms, including the severity and treatment.

15. Ask about attempts to quit using alcohol or drugs and the patient's motivation to quit.
16. Assess the patient for signs of intoxication or withdrawal (e.g., body tremors, sweating, agitation, dysphoria, seizures, diarrhea, rapid heart rate, increased appetite).
17. Use an evidence-based scale to assess the patient for impending delirium tremens and to guide the administration of medications for detoxification.
18. Assess the patient's personal and family psychiatric and substance use history.
19. Assess the patient's developmental, social, and legal history.
20. Assess the patient for specific contraindications to receiving treatment medications and advise the practitioner accordingly.
21. Take vital signs as soon as the patient arrives for treatment.
- 22. Administer a screening tool such as the CAGE Questionnaire Adapted to Include Drugs (CAGE-AID) per the organization's practice. If the patient has a positive response to the screening tool, perform more in-depth assessment or refer the patient for further assessment.**
23. Consider referring the patient to an addiction specialist.
24. Monitor the safety of the patient and the staff members.
25. Monitor the patient's fluid and electrolyte status.
26. Perform hand hygiene and administer medications to the patient as ordered.
27. Assess, treat, and reassess pain.
28. Discard supplies and perform hand hygiene.
29. Document the strategies in the patient's record.

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[Levels of Evidence](#)

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