

CARE OF THE DRUG USER IN THE ACUTE HOSPITAL SETTING

The Yeovil Experience

Dawn Wintle

Acute Pain Sister

Clinical Lead for Substance
Misuse

The Problems

- Increasing numbers of opiate dependent patients admitted to acute hospital
- No lead clinician in the Trust
- Non-existent knowledge base
- No contact with drug agencies
- Patients taking early discharge
- Patients verbally/physically abusive
- Methadone as TTO? .

The Solution

- Guidelines needed
- To consider treating opiate withdrawal
- To consider management of acute pain
- To develop links with drug agencies
- To aim for seamless care, linking primary and secondary care
- To standardise TTO's.

The Process

- Literature search
- Contact other Acute hospitals, locally and nationally, to view their guidelines
- Contact drug agencies and Turning Point
- Share ideas and knowledge
- Increase knowledge base – completion of Part 1 Certificate of Substance Misuse RCGP.

What Can We Offer Now?

- Comprehensive evidence based guidelines
- Prompt treatment of opiate withdrawal
- Effective management of acute pain
- Good communication links with community pharmacists and GP's
- BBV advice and vaccination.

What Can We Offer Now?

- Non-judgemental attitude
- Health advice and promotion
- Close working relationship with drug agencies and HMP
- Heightened awareness of ward staff to signs of opiate withdrawal
- Reduced manipulation of staff
- Continuation of opiate detox.

What Can We Offer Now?

- Continuation of care from community to hospital and back again – linking primary and secondary care
- Stabilisation of Methadone dose (Maternity cases)
- No Methadone given as TTO unless at request from drug agency
- TRUST.

What Can We Offer Now?

- Engaging patient with their care
- Referral to drug agency if necessary
- Confirmation of claimed Methadone doses
- Best care for the presenting condition now possible.

What Guidelines Do We Have?

- Pain management
- Opiate withdrawal.

New Guidelines

- Pain management for patients on Naltrexone and Subutex
- Guidelines approved by drug agency.

The Benefits

- Specialist help and support – good communication links
- Completion of treatment episode
- Community agencies aware of hospital admission
- Suspension of Methadone script for inpatient stay
- High standard of care
- Access to outside agencies if appropriate.

Sharing of Information

- Planned admissions
- Maternity cases
- Changes in Methadone doses
- With other health professionals locally and nationally.

Working Together...

- So what next...?
- We want to learn more
- We want to enhance our service
- We'd like to hear your feedback

Working Together...

- Call me...

01935 475122 Bleep 2441

- Email me...

dawn.wintle@ydh.nhs.uk