



A review of IV Vitamin B and C prescribing as part of assisted alcohol withdrawal within HEFT

Audit ID	1109	
Division	Urgent Care Pathway	
Programme/zone	RAID	
Teams	RAID - Heartlands	
Audit Type	Re-audit	Local audit
Project start date	01/05/2016	
Project completion date	15/07/2016	

Introduction:

Audit Brief description:

NICE Guidance [CG100] recommends IVI vitamin B and C 2 pairs 3 times a day for 5 days for the treatment of Wernickes Encephalopathy [WKS].

The latest update of the Heart of England NHS Foundation Trust Alcohol withdrawal Guidelines [ratified July 2016] recommends this regime for treatment of WKS.

A previous audit examined the prescription of IVI vitamin B and C for the treatment of WKS, recommended that to ensure optimum therapeutic benefit, there should be one (rather than two) IVI vitamin B and C regime on the Electronic Prescribing system for alcohol withdrawal (2 pairs, three times (TDS) for 5 days). This change was implemented, with the aim to meet the best practice standards of NICE CG100 and the Heart of England NHS Foundation Trust Guidelines for the management of alcohol withdrawal.

Adopting this single regime should also remove the potential confusion for a definitive diagnosis of Wernicke-Korsakoff syndrome – NICE and the Heart of England NHS Foundation Trust Guidelines advise an assumptive diagnosis of Wernicke-Korsakoff in any patient presenting as alcohol dependent or in alcohol withdrawal and treat accordingly with IVI Vitamin B and C 2 pairs TDS for 5 days.

Audit Aims/objectives:

Aims

To establish whether the guidelines for prescription of IVI Vitamin B and C are being followed since the changes to electronic prescribing (as above) have been implemented.

To establish whether having just one IVI vitamin B and C regime on the Electronic Prescribing system for alcohol withdrawal has simplified the prescribing process and therefore lead to patient's receiving optimum treatment.

To identify any variation in the prescribing of IVI vitamin B and C.

To establish if there are any discrepancies in the prescribing of IVI vitamin B and C between individual patients being treated for the same condition i.e. assisted alcohol withdrawal.

Patient and public involvement in this clinical audit project:

How this audit will benefit patient care:

To promote the prescribing of optimal IVI vitamin B and C for the treatment of WKS.

Level of service users involvement in this audit project:

No service user involvement.

Standards:

Standards	Target	Standards Reference:
National Confidential Enquiry into Patient Outcome and Death: Measuring the Units. A review of patients who died with alcohol-related liver disease (2014) NICE CG100 NICE Alcohol use disorders - physical complications NICE Alcohol dependence and harmful alcohol use (NCG115) NICE Alcohol use disorders - physical complications (NCG100)		[StandardsMain]
		NICE Clinical guidelines Clinical policies
		NICE Alcohol dependence and harmful alcohol use (NCG115) NICE Alcohol use disorders - physical complications (NCG100)

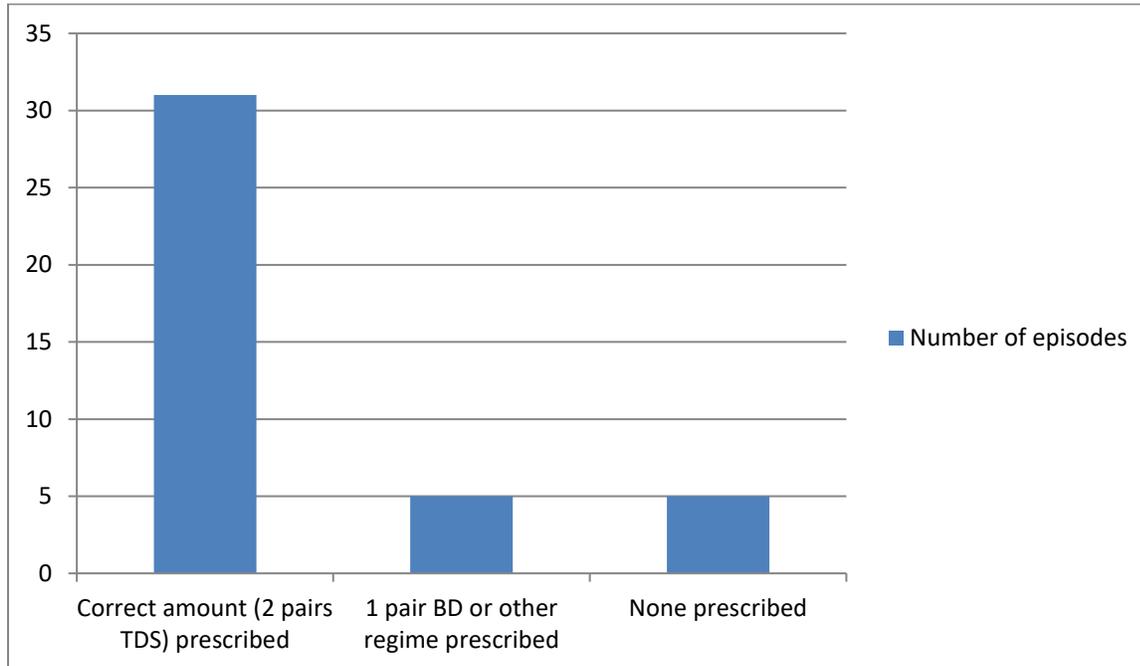
Method:

Audit methodology	Retrospective
Data sources	IT system search (ePEX/Rio/Paragon)
Sampling Method	Systematic sampling
Population size	Patients who have undergone assisted alcohol withdrawal
Sample size	41 (40 participants, 1 was admitted twice during period sampled)
Data collection for the period of	01/04/2016 to 30/04/2016

The sample represents approximately 50% of all people attending Heartlands hospital and Solihull Hospital during the period of data collection.

As Heartlands hospital is approximately three times the size of Solihull Hospital, 31 presentations were from Heartlands and 10 were from Solihull, in an attempt to reflect this difference between the two sites.

Results:



Of the ten episodes where IVI Vitamin B and C 2 pairs TDS was not prescribed, in two presentations the patient[s] had attended the hospital in the preceding 7 days where they had had IVI Vitamin B and C and therefore it was felt by clinicians they did not require it on this occasion. Two patients received a stat dose of chlordiazepoxide and IVI vitamin B and C in the emergency department and were then discharged with community follow up, either from ED or immediately upon transfer to AMU. One patient was prescribed prn medications rather than a full detox regime, which may have explained why IVI vitamin B and C was not prescribed.

There was no explanation as to why in the other five episodes IVI vitamin B and C 2 pairs TDS was not prescribed.

Conclusions:

IVI Vitamin B and C 2 pairs TDS was prescribed for up to five days in 78% of cases. This is compared to 60% of cases prescribed IVI vitamin B and C 2 pairs TDS at the time of the original audit (completed 2015).

Key findings/risks:

Simplifying the prescribing regime on the Heart of England Electronic Prescribing system appears to have had a positive impact upon the appropriate utilisation of IVI vitamin B and C therapy for patients prescribed medications to manage symptoms of alcohol withdrawal, following Heart of England NHS Foundation Trust Alcohol withdrawal Guidelines (ratified February 2016).

There continued to be cases whereby patients were not prescribed the appropriate IVI vitamin B and C regime, and of these cases there did not appear to be clear rationale indicating why this was not the case.

Untreated or insufficient treatment of the Wernicke-Korsakoff syndrome has the potential for increased morbidity and mortality with the resultant implications for the patient, family/carers and the healthcare system.

Recommendations:

To continue to have one IVI vitamin B and C regime (2 pairs three times [tds] for 5 days) on the Electronic Prescribing system for alcohol. This meets the best practice standards of NICE CG100 and the updated Heart of England NHS Foundation Trust Guidelines for the management of alcohol withdrawal (February 2016).

Continued RAID training of HEFT staff aimed at promoting the use of Trust guidelines for the management of alcohol withdrawal and the importance of appropriate IVI vitamin B and C prescription.

RAID to work alongside CGL as required to ensure that patients being treated for alcohol withdrawal while an inpatient in the acute hospitals have access to appropriate services to meet their needs.

Action Plan:

Is re-audit necessary? No

Date re-audit planned: N/A

ID	Action <i>(Please detail actions required to implement recommendations)</i>	Person responsible	Target date
1	Discussion with Nigel Barnes BSMHFT Chief Pharmacist to circulate this audit to BSMHFT in-patient units to encourage use of IM vitamin b/c for patients in alcohol withdrawal but also those who are malnourished.	Lead Auditor	September 2016
2	Share with other BSMHFT RAID teams out with HEFT to encourage optimal IV vitamin b/c prescribing at Queen Elizabeth Hospital and City Hospital	Lead Auditor	September 2016
3			
4			
5			
6			

Key benefits/improvements that have resulted from this audit so far:

Notes:

Appendices: