



# Intra-Venous [IV] Vitamin BC prescribing as part of assisted alcohol withdrawal at Solihull Hospital

Audit ID	783	
Programme/zone	RAID	
Teams	RAID - Solihull Hospital	
Audit Type	Initial audit	Local audit
Project start date	01/12/2014	
Project completion date	31/01/2015	

## **Introduction:**

### ***Audit Brief description:***

Recommendations in NICE Guidance [CG100] state IV Vitamin B and C 2 pairs 3 times [TDS] a day for 5 days for the treatment of Wernicke's Encephalopathy/Wernicke Korsakoff Syndrome.

The recent update of the Heart of England NHS Foundation Trust [HEFT] Alcohol withdrawal Guidelines – July 2014 – and the adding of this regime to the Heart of England NHS Foundation Trust Electronic Prescribing system at the same time provided an opportunity to audit whether prescribers were adhering to this recommendation in their clinical practice. Patients who are identified as needing medication for alcohol withdrawal management – there is an option on the system titled “alcohol” which when the prescriber selects will give all the required regimes [including IV Vitamin B and C] for management of alcohol withdrawal]

### ***Audit Aims/objectives:***

Aims:

To establish level of prescribing of IV vitamin B and C - there are two regimes currently on the electronic prescribing system for alcohol - 2 pairs 3 times [TDS] a day for 5 days or 1 pair twice daily [BD] for 3 days the second regime is euphemistically entitled prophylactic treatment for Wernicke Korsakoff.

Objectives:

Identify any variation in the prescribing of IV vitamin B and C.

## **Patient and public involvement in this clinical audit project:**

### ***How this audit will benefit patient care:***

To promote the prescribing of optimal IV vitamin B and C for the treatment of WKS and therefore better treatment outcomes for patients.

### ***Level of service user involvement in this audit project:***

No service user involvement.

## **Standards:**

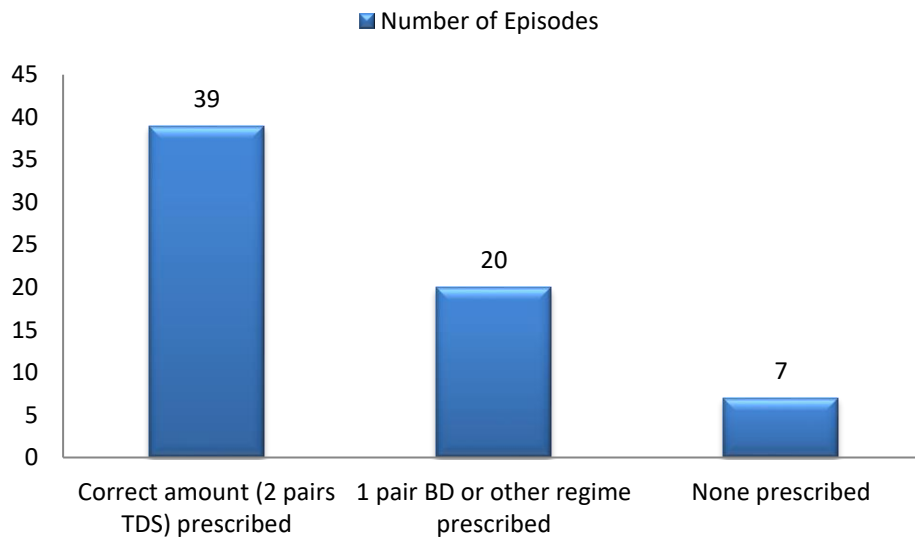
Standards	Target	Standards Reference:
National Confidential Enquiry into Patient Outcome and Death: Measuring the Units. A review of patients who died with alcohol-related liver disease (2014) NICE CG100 NICE Alcohol use disorders - physical complications		NICE CG100 Trust clinical guidelines NICE
		Additional guidelines NICE Clinical guidelines
		NICE Alcohol use disorders - physical

		complications (NCG100)
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**Method:**

Audit methodology	Retrospective
Data sources	IT system search (Rio/Heart of England NHS Foundation Trust Electronic Prescribing)
Sampling Method	Systematic sampling
Population size	Patients who have undergone assisted alcohol withdrawal
Sample size	66 treatment episodes [59 Patients]
Data collection for the period of	01/08/2014 to 31/10/2014

**Results:**



Of the seven episodes where IV Vitamin B and C was not prescribed in three presentations the patient[s] had attended the hospital in the preceding 7 days where they had had IV Vitamin B and C and therefore it was felt by clinicians they did not require it on this occasion.

There was no explanation as to why in the other four episodes it was not prescribed.

**Conclusions:**

IV Vitamin B and C 2 pairs TDS was prescribed for up to five days in almost 60% of cases. This was higher than was expected - our nominal expected figure being 50% - given the very recent addition of this regime on to the Electronic Prescribing system.

There were no obvious trends as to why the lower dose regimes were chosen – it was noted in 6 of the episodes that individual was identified as “not being alcohol dependent” or “a low level of dependency”

**Key findings/risks:**

Having two treatment regimes on the Electronic Prescribing system under alcohol is not helpful for clinicians. They can be uncertain over which regime to utilise.

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 have just one IV vitamin B and C regime on the Electronic Prescribing system for alcohol.

The single regime should be 2 pairs three times [tds] for 5 days – this will meet the best practice standards of NICE CG100 and the updated Heart of England NHS Foundation Trust Guidelines for the management of alcohol withdrawal.

Adopting this single regime will better meet the needs of patients. It will 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 IV Vitamin B and C 2 pairs tds for 5 days.

**Action Plan:**

Is re-audit necessary?            Yes

Date re-audit planned: October 2015

ID	Action ( <i>Please detail actions required to implement recommendations</i> )	Person responsible	Target date
1	Amend HEFT Electronic Prescribing system to only have the 2 pairs tds for 5 days IV Vitamin B and C	Lead auditor	30/04/15
2			
3			
4			
5			
6			

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

**Notes:**

**Appendices:**