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# PEARLS IN TREATING THE ETOH PATIENT

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## PICTURE THIS:

Your Unit is Dispatched To:

- 50 y/o female conscious ETOH
- Police on scene with patient
- Chief Complaint- Assault; PD request eval
- Signs of intoxication
- Homeless
- "frequent flier" known to PD/EMS



## TODAY WE WILL TALK ABOUT...

- The basics of ETOH
- The BIG 3 assessment tools for ETOH calls
- Discuss a different approach ETOH natured calls





# UNDERSTANDING ALCOHOL

# THE EFFECTS OF ALCOHOL



- Euphoria
- Lack of coordination/abnormal gait
- Dizziness/Shakiness
- Slurred Speech
- Sweating
- Nausea/Vomiting
- Aggression/Anger
- Combative/Unpredictable Behavior
- Depression ...just to name a few...

SUBSTANCE  
ABUSE AND  
MENTAL HEALTH  
SERVICES  
ADMINISTRATION  
(SAMHSA)

- In 2015, SAMHSA compiled data for the top 25 most recreationally used substances that year in the US by participants 12 years old and older.
- The #1 substance used recreationally was alcohol followed closely by illicit drugs and marijuana to name a few.



## 2015 SUBSTANCE USE DISORDER DATA (SAMHSA)

Of the 20.8 million (7.8%) people who reported having one or more of these disorders, 15.7 million people reported having an Alcohol Use Disorder which is defined as a chronic disease characterized by uncontrolled drinking and preoccupation with ETOH.

Figure 27. Numbers of People Aged 12 or Older with a Past Year Substance Use Disorder: 2015



Note: Estimated numbers of people refers to people aged 12 or older in the civilian, noninstitutionalized population in the United States. The numbers do not pertain to the total population of the United States because the population for NSDUH does not include people aged 11 years old or younger, people with no fixed household address (e.g., homeless or transient people not in shelters), active-duty military personnel, and residents of institutional group quarters, such as correctional facilities, nursing homes, mental institutions, and long-term care hospitals.

Note: The estimated numbers of people with substance use disorders are not mutually exclusive because people could have use disorders for more than one substance.

# SOCIAL CONSUMPTION VERSUS LIFE- ALTERING CONSUMPTION:

## THE FINE LINE



- Just because someone consumes alcohol doesn't make them an alcoholic, however, the likelihood of dependence and addiction are quite high. Once normal behaviors and thought patterns are interrupted or altered in the name of alcohol, the dependence has grown to addiction. At this point, life-altering consumption is high.



# DEPENDENCE VS ADDICTION



- Dependence is the identification of tolerance to a substance and therefore a withdrawal period when the person goes without.
- Addiction is classified as any noted change in behavior caused by biochemical changes in the brain associated with chronic substance abuse.
- It is possible to be dependent on a substance without the presence of addiction.

## This is what one drink looks like

According to the Dietary Guidelines for Americans, moderate drinking is up to one drink per day for women and up to two drinks per day for men. A standard drink contains 14 grams of pure alcohol.



Measures are approximate, since different brands and beverages may vary in their actual alcohol content.

Vox

# STANDARD ALCOHOL PERCENTAGES BY VOLUME

# WHEN ALL ELSE FAILS....



26.9%



70%



80+%

## WITHDRAWAL SYMPTOMS AND TIMELINE

- Diaphoresis
- Agitation/Irritable/Restless
- Anxious/Nervous
- Nausea/Vomiting
- Delirium Tremens (DTs)
- Tachycardia
- Hypertension
- Disorientation
- Headache
- Insomnia/Hallucinations
- Loss of Appetite
- Seizures

Onset of Withdrawal Symptoms:  
8 hours since last drink

Peak Withdrawal Symptoms:  
24-72 hours

Full elimination: weeks

\*Time frames may vary by person

## LONG TERM USE



- Relationships affected
- Missed family/social engagements
- Depression/Somnolence/Lack of Interest
- Absences from work frequently
- Lost Job
- Financial burdens increase
- Strain on relationships/marriage
- Lose Kids/Home/Car/Possessions



# ASSESSMENT PEARLS

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- ABCs
- Rapid Assessment
- Vitals – The Big 3



# RAPID ASSESSMENT & ABC'S

1

Check for immediate life threats to Airway, Breathing and Circulation

2

Be suspect of bleeding =alcohol is a blood thinner!

3

Protect airway from obstruction secondary to vomit. Have suction ready and be prepared to turn patient onto left side.

4

Perform a rapid head to toe exam for all suspected or known trauma secondary to ETOH.

5

Follow proper spinal immobilization protocols prior to moving to ambulance.





## FOCUSED EXAM & VITALS

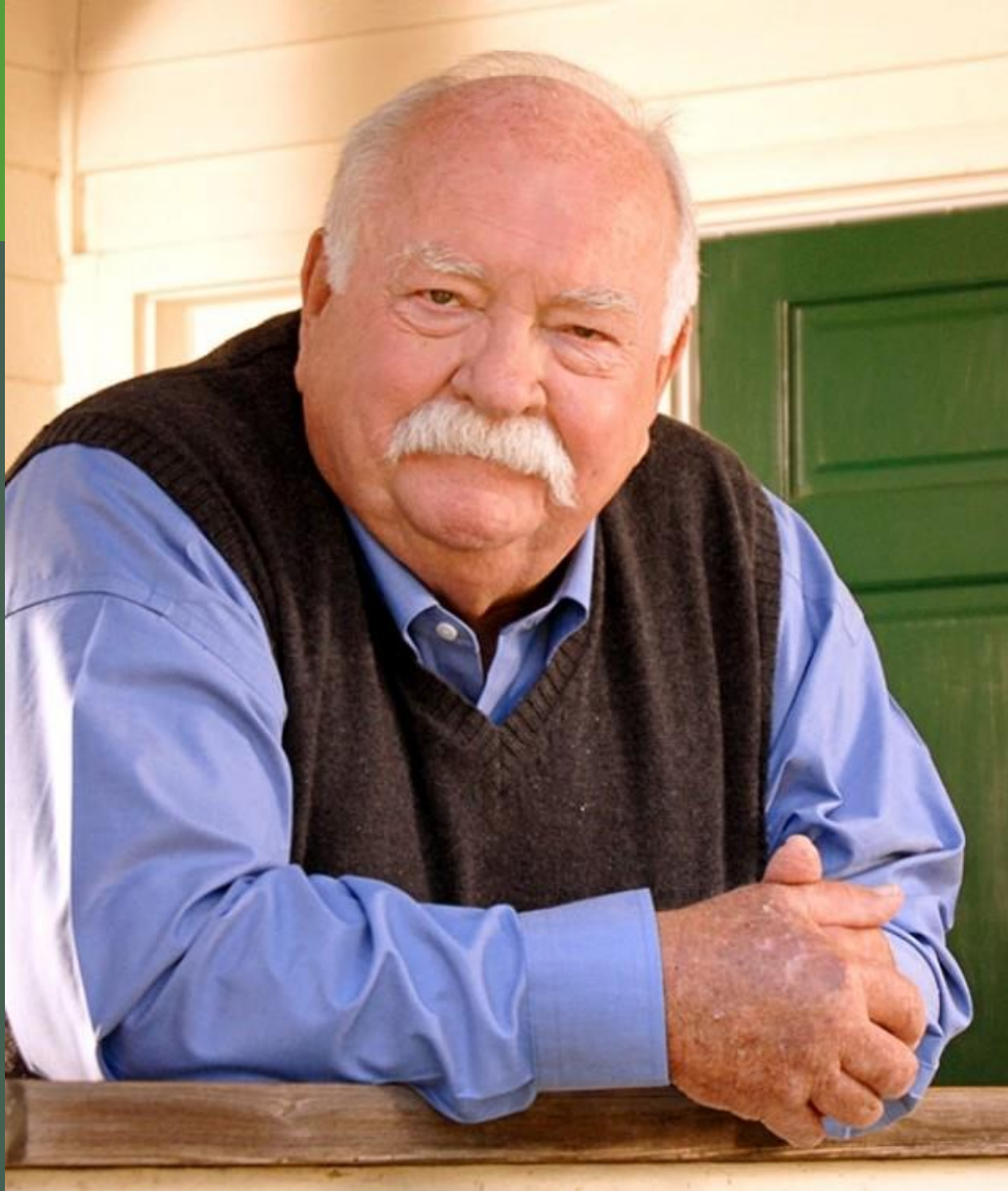
- ▶ -A baseline set of vitals should be obtained as soon as possible and at least 2 sets of vitals should be taken on every patient contact, regardless of the nature. Establish a trend.
- ▶ -Perform focused exam
- ▶ -BP, HR, RR, SPO2 & the BIG 3

## THE BIG 3

- Blood Glucose Level
- Stroke Scale
- Pupil Assessment

The BIG reason for these specific 3 vital signs to be checked on all persons who are giving the appearance of intoxication is due to there being numerous mimickers of ETOH that could prove to be far more deadly if overlooked or untreated.

Working these 3 assessment tools into your routine on all ETOH calls will give you the confidence in knowing you were exhaustive in your efforts to properly identify the problem and treat it appropriately.



## BLOOD GLUCOSE LEVELS

- Normal Range 90-130mg/dL however, ETOH patients could trend higher
- Hypoglycemia can often mimic intoxication with slurred speech, abnormal gait and diaphoresis
- Hyperglycemia & DKA can mimic ETOH with a sweet, acetone smell on breath, diaphoresis, nausea, vomiting, confusion
- Don't forget to CHECK A BGL every time

# STROKE ASSESSMENT

- Similar cognitive, speech and motor functions are impaired in ETOH and Stroke patients
- This could be the hardest to assessment to obtain accurately. Very dependent on cooperation and attentiveness from the patient, which may prove difficult. Do your best.

The infographic is set against an orange background with a dark red curved border on the left. It is divided into two main sections: 'F.A.S.T' and 'The Los Angeles Motor Scale LAMS'. The 'F.A.S.T' section includes instructions for checking Face, Arms, Speech, and Time. The 'LAMS' section provides a scoring system for Facial Droop, Arm Drift, and Grip Strength, with a total score range of 0-5 and a note that a score of 4-5 is possible ELVD.

### F.A.S.T (To rule out a stroke)

**FACE**  
-Is the face weak or drooping on one side?  
-Ask the person to smile.

**ARMS**  
-Is one arm weak or numb?  
-Ask them to lift their arms:  
Does one arm drift downwards?

**SPEECH**  
-Are they slurring their speech?  
Ask the person to repeat a simple sentence.  
Do they repeat it correctly?

**TIME**  
-Time is important! How much time has passed?  
-Call 9-1-1 IMMEDIATELY!

### The Los Angeles Motor Scale LAMS (Stroke severity)

|               |   |
|---------------|---|
| Facial Droop  |   |
| Absent        | 0 |
| Present       | 1 |
| Arm Drift     |   |
| Absent        | 0 |
| Drifts down   | 1 |
| Falls rapidly | 2 |
| Grip Strength |   |
| Normal        | 0 |
| Weak grip     | 1 |
| No grip       | 2 |

Total score: (0-5)  
Score of 4-5 is possible ELVD

# PUPIL ASSESSMENT

- Equal
- Round
- Reactive to light
- Size of pupils (mm)

## WHAT YOUR EYES LOOK LIKE ON DRUGS

**OPIATES**  
Including: Heroin, OxyContin, Methadone, Morphine

Other Signs of Opiate Use:

- Itching and/or Scratching
- Nodding Out
- Hoarse/Deepening Voice
- Change in Sleep Patterns
- Vomiting
- Intense Sugar Cravings

Pinpoint Pupils Droopy Eyes

**AMPHETAMINES**  
**MDMA**  
Including: Cocaine, Crystal Meth, Molly/Ecstasy, Adderall

Other Signs of Amphetamines/MDMA Use:

- Change in Sleep Pattern
- Chewing/Grinding Teeth
- Constant Talking
- Increased Heart Rate
- Slowed Breathing

Wide-Eyes Dilated Pupils

**MARIJUANA**

Other Signs of Marijuana Use:

- Change in Behavior
- Hunger/Eating
- Droopy Eyes
- Slowed Heart Rate
- Slowed Speech
- Laughing

Dilated Pupils Red Eyes

**ALCOHOL**  
Including: Beer, Hard Liquor, & Wine

Other Signs of Alcohol Use:

- Loss of Inhibitions
- Unsteady Walking
- Droopy Eyes
- Slowed Heart Rate
- Slowed Speech
- Blackouts

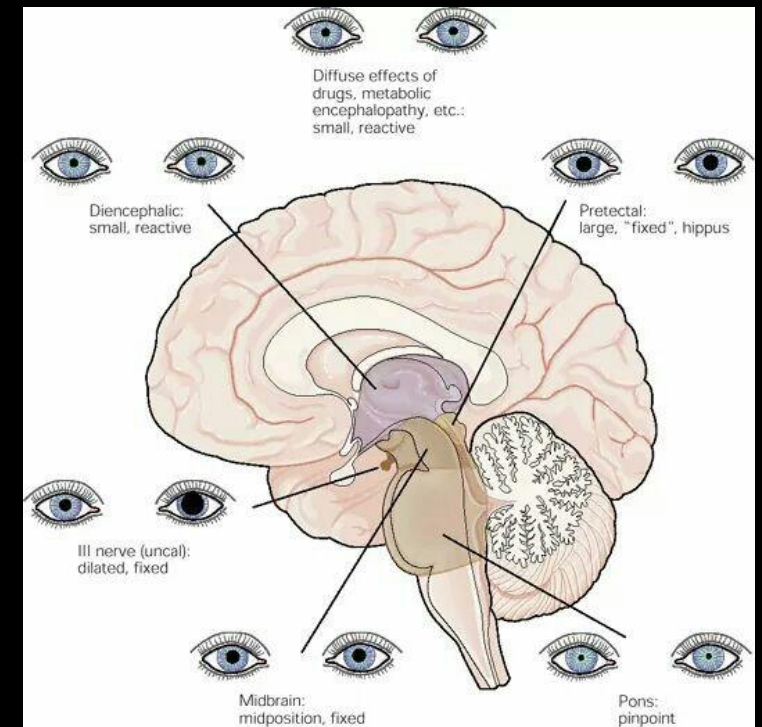
Glassy/Watery Eyes Drooping

**BENZODIAZEPINES**  
Including: Xanax, Valium, Ativan, & Klonopin

Other Signs of Benzo Use:

- Change in Behavior
- Drowsiness
- Droopy Eyes
- Slowed Heart Rate
- Slowed Speech
- Loss of Memory/Time
- Falling Asleep

Glossy Eyes Dilated Pupils



# WHICH PROVIDER ARE YOU?

**When the Drunk PT starts crying while you're calling in your report**



OR





BE  
SOMEONE'S  
SOMEONE

# COMPASSIONATE CARE

- Talk to your patients, especially the frequent fliers
- Speak calmly in a slower, low tone
- Maintain eye contact
- Use their name/nickname
- Chose words and body language wisely
- Smile! Be friendly and approachable
- Be supportive
- Offer resources when appropriate





## CALL TO ACTION

- The next ETOH call you get toned out for, try this different approach
- Work the BIG 3 into your normal BLS routine: ALWAYS CHECK A BGL!
- Take this back to your agencies and get involvement from your peers and supervisors and make it a community effort in being a patients “someone”. It takes a village...





“ALL TOO OFTEN WE UNDERESTIMATE THE POWER OF A TOUCH, A SMILE, A KIND WORD, A LISTENING EAR, AN HONEST COMPLIMENT, OR THE SMALLEST ACT OF CARING...ALL OF WHICH HAVE THE POTENTIAL TO TURN A LIFE AROUND.”

– LEO BUSCAGLIA



# QUESTIONS?



Lucy Louise  
(LuLu)



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THANK YOU! 😊