

PADDINGTON ALCOHOL TEST

PAT May 2008

PATIENT IDENTIFICATION STICKER:

NAME

D.O.B.

? BAC

Consider PAT for ALL of the **TOP 10 reasons for attendance**. Circle number(s) below for any specific trigger(s);

- | | | | |
|--|-------------------------|----------------------|----------------------------|
| 1. FALL (inc. trip) | 2. COLLAPSE (inc. fits) | 3. HEAD INJURY | 4. ASSAULT |
| 5. ACCIDENT | 6. UNWELL | 7. NON-SPECIFIC G.I. | 8. CARDIAC (i. Chest pain) |
| 9. PSYCHIATRIC (inc. DSH & OD, please specify) | 10. REPEAT ATTENDER | Other (specify): | |

NB Evidence of alcohol misuse: clinical signs of intoxication, initial BAC raised, chronic alcohol-related conditions

Proceed only after dealing with patient's 'agenda,' i.e. patient's reason for attendance.

We routinely ask all patients having(above)....if they drink alcohol?

1 Do you drink alcohol? YES (go to #2) NO (end)

2 What is the most you will drink in any one day? (UK alcohol units) =

Use the following guide to estimate total daily units.

(Standard pub units in brackets; home measures often three times the amount!)

Beer /lager/cider	Pints (2)	<input type="text"/>	Cans (1.5)	<input type="text"/>	Litre bottles (4.5)	<input type="text"/>
Strong beer /lager /cider	Pints (5)	<input type="text"/>	Cans (4)	<input type="text"/>	Litre bottles (10)	<input type="text"/>
Wine	Glasses (1.5)	<input type="text"/>	75cl bottles (9)	<input type="text"/>	Alcopop	
Fortified Wine (Sherry, Port, Martini)	Glasses (1)	<input type="text"/>	75cl bottles (12)	<input type="text"/>	330ml bottles (1.5)	<input type="text"/>
Spirits (Gin, Vodka, Whisky)	Singles (1)	<input type="text"/>	75cl bottles (30)	<input type="text"/>		

If **twice** daily limits exceeded i.e. PAT +ve (8 units per day, man; or 6 units per day, woman), continue to Q. 3.

3 How often do you drink this much? - or how often > 8/6 per day?

- Never or less than weekly **GO TO QUESTION 4**
- Everyday **Dependent Drinker** (PAT+ve) (? Pabrinex & chlordiazepoxide)
- _____ times per week **Hazardous Drinker** (may be PAT+ve)

4 Do you feel your attendance to A&E is related to alcohol? YES (PAT+ve) NO

If PAT +ve give feedback e.g. "We advise you that this drinking is harming your health. The recommend daily limits are 4 for men, 3 for women with two drink free days per week".

5 We would like to offer you advice about your alcohol consumption; would you be willing to see our alcohol nurse specialist? YES (PAT+ve) NO

If "YES" to #5 give AHW appointment card and make appointment in diary (@ 10am) And give **advice leaflet**.

Please note if patient admitted to ward

Referrer's Signature

Name Stamp
THANK YOU

Date:

AHW OUTCOME:

HOW TO USE 'PAT'

The Paddington Alcohol Test (PAT) is a clinical and therapeutic tool for selective **Early Identification and Brief Advice (EIBA)** of both hazardous and dependent drinking.

The PAT was specifically developed for use in a busy ED, to make best use of the **“TEACHABLE MOMENT”** (Williams S et al, Drug & Alcohol Dependence 2005).

Using the PAT, plus referral to AHW – for definitive Brief Intervention (**BI**) - results in lower alcohol consumption, **reducing the likelihood of re-attendance.** (Crawford, Patton, Touquet et al, Lancet, 2004)

It takes only about 30 seconds to complete the PAT – or less if ‘No’ to Q. 1.

1. Deal with the patient’s reason for attending first, thereby **gaining their confidence** so they are in a more receptive frame of mind.
2. If patient has one of the **TOP 10 conditions** listed overleaf at the top of PAT, or clinical signs or +ve BAC, proceed with PAT.
3. **Question 1:** ‘*We routinely ask all patients having (this condition) if they drink alcohol - do you drink?*’ **If No:** PAT-ve, discontinue (providing clinician agrees with the answer).
4. **If yes: go to Question 2:** What is the most that patient will drink in one day.

For **United Kingdom:** 8gms absolute alcohol = 10ml alcohol = 1 unit
Standard Alcohol Units (SAU) = **% ABV x volume** (in litres)
where ‘% ABV’ is ‘% of alcohol by volume’ as indicated on bottle or can.

Please use the guide to help you (and the patient) calculate amounts - drinks vary so much that the use of standard alcohol units is necessary for consistency.

5. Having estimated the number of units consumed, if this is more than double the safe limits, ie 8 units (male), or 6 units (female), ask **Question 3:** How often do you drink this much?
This helps differentiate the dependent drinker, who will need on-going support, from the hazardous or “binge” drinker who may only need one session of **BI**. The earlier binge drinking is detected the more effective is the use of PAT. The acceptance of an appointment with an **Alcohol Nurse Specialist (ANS)** demonstrates awareness of a problem and the desire for help.
6. Everyone who has said yes to Q.1 should be asked **Question 4:** ‘*Do you feel your current attendance is related to alcohol?*’ **If yes** then you have started brief advice (BA) by the patient associating drinking with resulting hospital attendance. If they deny any association, but in your clinical judgement have been drinking, you might say: ‘*would you be in A&E if you had NOT been drinking?*’
7. **Question 5:** If **“YES” put PAT in ANS referrals box, with diary for BI.** Appointments are at 10am next morning (no limit on numbers). The earlier that appointment is offered, the more likely the patient will be to attend – please encourage patient to take the next available appointment rather than defer it.

If PAT +, but ANS “NO”, give them the “Think About Drink” leaflet and even the ANS appointment card as patient may change their mind and return. **Please put all completed PATs – even if ANS declined – in the ANS box .**

8. If **PAT+ve** and **Yes to ANS**, **record** on discharge computer screen: A&E Clinics → A&E Alcohol Clinic, unless admitted.
9. If PAT-ve, do not write on form (it is recycled).

For further information about the Paddington Alcohol Test (PAT) contact:

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