

## The 'Drunk' Casualty

It is not safe to assume that someone who has been drinking is drunk. There are other problems that look very similar to intoxication (see below), and being drunk increases the chance of other problems occurring (injuries, aspirating vomit, hypothermia, etc).

### **Responsibility:**

We should be confident that the person *is* drunk and *does not* have any other injuries or problems before we can treat them as a simple case of intoxication.

Acute treatment of the intoxicated person is based around airway management and recovery position with regular monitoring.

Assess if they are safe to leave – recovered, or with responsible person.

Record keeping, including significant negatives.

### **Assessment:**

It is very difficult to assess a drunk person fully, and you should have a low threshold for getting professional support.

Unless you can get a very clear history from the casualty, a top-to-toe survey is almost always a good idea, with particular attention to the head.

Check the vital signs on everyone, and look out for changes.

### **'Rule out' questions (Other causes to specifically look for):**

Other drugs

Diabetic hypoglycaemia

Head injury

Stroke/sub-arachnoid haemorrhage

Shock

### **'Rule in' questions:**

How much have they drunk?

How does this compare to usual?

How are they compared to other occasions after drinking?

Have they eaten recently?

### **Warning signs:**

Not alert (GCS 15) when woken

Not improving with time

Unclear/incomplete history

More drunk than usual for amount of alcohol/food consumed

'Gut feeling'

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