Guidelines:
Intoxicated patients and Psychiatric consultations in the ER
(Saskatoon Health Region)

The management of intoxicated patients in the emergency department can be difficult, especially when there is a concurrent presentation of psychiatric difficulties. It is recognized that even patients without a history of mental illness may display abnormalities of mood, thinking and behaviour while intoxicated; frequently with resolution of these mental status changes upon sobriety. To facilitate effective Emergency Room assessment, treatment, and (when appropriate) psychiatric consultation the following guidelines are being advanced to assist in the management of these patients.

- In nearly every clinical setting a valid and meaningful psychiatric assessment can only be conducted on patients not displaying clinical evidence of intoxication.
- For patients in whom the presentation of mental illness appears to warrant psychiatric consultation, but there is either evidence or suspicion of recent alcohol consumption, it is recommended that a blood alcohol level be ordered.
- A referral to psychiatry should be considered after the patient is deemed relatively communicative, has a blood alcohol level < 17 mmol/L, and re-evaluation of their mental state has revealed the patient is still in need of the consultation. A blood alcohol concentration of .08 g per 100 ml blood (legal driving limit in SK) is equivalent to 17.3 mmol/L. It is neither expected nor desirable in most situations to repeat blood alcohol levels, but a subsequent level may be estimated utilizing a calculation of 4-5 mmol/L decrease in blood alcohol level per hour.
- Under the “Mental Health Services Act” (MHSA) a Form A should only be completed (after speaking with the on-call psychiatrist) to facilitate the psychiatric assessment of a patient who is deemed to possibly be in need of involuntary hospital treatment - but is refusing to submit to the psychiatric examination.
- The “Health Care Directives and Substitute Health Care Decision Makers Act” may need to be used to complete assessments and treatment of patients in the ER assessed as lacking the capacity to consent to the necessary examination and treatment of their medical illness (due to intoxication or other medical conditions). Where the patient lacks capacity but there is an imminent threat to life, limb or health the physician has the duty to do what is immediately necessary even without consent.

The CMPA’s publication Perspectives (December 2009) contains a useful article for physicians on “Managing intoxicated patients in the emergency department.”