ST2-ADD-EPA1 – Intoxication and withdrawal

Area of practice	Addiction psychiatry	EPA identification	ST2-ADD-EPA1
Stage of training	Stage 2 – Proficient	Version	v0.10 (BOE-approved 15/10/12)

The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.

Title	Management of substance intoxication and substance withdrawal.					
Description Maximum 150 words	The trainee can assess substance intoxication and substance withdrawal and effectively and safely manage these conditions. The trainee demonstrates an ability to identify critical concepts in the medical emergency management of intoxication and is able to plan a withdrawal regimen from the relevant substance(s). This involves assessment (psychiatric and medical), initiation of psychotropic medications within safe limits to facilitate supported withdrawal to completion of detoxification and arrangement of appropriate follow-up.					
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7	НА			
	СОМ	1, 2	SCH			
	COL	1, 2, 3	PROF	1, 2		
	MAN					
Knowledge, skills and attitude required	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.					
The following lists are neither exhaustive nor prescriptive.	Ability to apply an adequate knowledge base					
	 Knowledge of medical complications associated with intoxication from common substances including alcohol, cannabis, benzodiazepines, caffeine, psychostimulants and opioids. 					
	Knowledge of appropriate medical management to reduce risk of harm.					
	 Knowledge of commonly utilised protocols for managing detoxification from alcohol, benzodiazepines, cannabis, nicotine, psychostimulants and opioids. 					
	Ability to integrate detoxification with ongoing treatment.					
	Knowledge of basic pharmacology as it relates to medications utilised in withdrawal, including the potential for interaction with other medications/substances.					
	Ability to interpret breathalyser and serum levels of substances to facilitate management of intoxication and withdrawal.					

Capacity to provide advice to and liaise with other health practitioners regarding withdrawal. Capacity to provide training regarding detoxification procedures and management to the wider community including junior medical staff and allied health professionals. Skills Demonstrates an ability to conduct a medical and psychiatric assessment of a patient who is acutely intoxicated, including initiation of appropriate measures to acutely minimise risk of harm. Demonstrates an ability to conduct a medical and psychiatric assessment of a patient who requires pharmacologically facilitated withdrawal. This includes both acute and planned withdrawal. Demonstrates an ability to incorporate the management of psychiatric and physical comorbidity during detoxification. Demonstrates an ability to tailor the treatment plan according to the individual patient needs, taking into account the medical, psychiatric, social and substance use history when deciding the appropriate environment for detoxification to take place (ie. inpatient vs outpatient settings). Demonstrates an ability to decline detoxification in patients who are not ready for this treatment. Demonstrates an ability to manage detoxification through to completion including arranging a post-withdrawal management plan. Demonstrates an ability to explain the purpose and process of withdrawal to the patient and supports so that informed consent can be assured. Works in conjunction with other health professionals and key stakeholders during the process of withdrawal to facilitate coordinated patient care. **Attitude** Adopts a non-judgemental, empathic and hopeful approach to the engagement of the patient. Respects and appreciates the role of other health professionals and key stakeholders during the process of withdrawal to facilitate coordinated patient care. Utilises a recovery-based approach tailored to the patient's stage of change. Progressively assessed during individual and clinical supervision, including three appropriate WBAs. Assessment method Suggested assessment Case-based discussion. method details Mini-Clinical Evaluation Exercise. (these include, but are not Feedback from appropriate sources. limited to, WBAs) Observed Clinical Activity (OCA). References

Currently used local, state and national withdrawal protocols and guidelines.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar