

**TOPIC:** IN SUPPORT OF PROMOTING EARLY ASSESSMENT OF THE  
CHEMICALLY DEPENDENT PATIENT IN THE MEDICAL-  
SURIGICAL SETTING TO DECREASE THE RISK OF  
ALCOHOL WITHDRAWAL SYMPTOMS.

**SUBMITTED BY:** The Chapter of California Nursing Students' Association at Maurine  
Church Coburn School of Nursing,  
Monterey Peninsula College

**AUTHORS:** Monica Dumitriu, Tricia Grobecker, Jennifer Thormeyer, Tami  
Benedict, Heather Bone and Jennifer Cornelius

**Abstract**

Considering the currently significant public health problem chemical dependency poses in the United States, it is of paramount importance that health care providers screen and treat patients early during their course of care for the at-risk alcohol use in order to avoid potential health-risks associated with alcohol withdrawal symptoms. Alcohol withdrawal symptoms range from headaches and tremulousness to delirium tremens; these symptoms may inadvertently complicate surgical procedures, interact with medications regimens and lengthen hospital stays therefore affecting quality of life for the patient.

The intended outcome of this resolution is for CNSA to support and encourage the promotion of early assessment of the chemically-dependent patient within the medical-surgical setting to identify those patients at-risk for developing potentially dangerous symptoms and complications related to alcohol withdrawal.

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1 WHEREAS, "Alcoholism often goes undiagnosed; the rate of screening for  
2 alcohol consumption in health care settings remains lower than  
3 50%" (Enoch & Goldman, 2002, p. 441); and  
4 WHEREAS, "...an estimated 15-20% of all hospitalized and primary care patients  
5 are dependent on alcohol; this dependence of remains hidden  
6 until withdrawal signs appear" (Kelly & Saucier, 2004, p. 1); and  
7 WHEREAS, "At-risk alcohol use is defined as more than seven drinks per week or  
8 more than 3 drinks per occasion for women; and more than 14 drinks  
9 per week or more than four drinks per occasion for men" (Enoch &  
10 Goldman, 2002, p. 443); and  
11 WHEREAS, abrupt cessation of alcohol can lead to unexpected alcohol withdrawal  
12 symptoms "...ranging from such minor symptoms as insomnia and  
13 tremulousness to severe complications such as withdrawal seizure and  
14 delirium tremens" (Bayard, McIntyre, Hill, & Woodside, 2004, p. 1443);  
15 and  
16 WHEREAS, early identification of at-risk alcohol use allows prevention or treatment

17 of complications, including severe withdrawal which can complicate  
18 recovery from surgery (Bayard et al., 2004, p. 1449); and  
19 WHEREAS, minor withdrawal symptoms can appear in as little as 6-12h after  
20 cessation of alcohol use; major withdrawal symptoms can appear within  
21 48-72h after cessation of alcohol use (Bayard et al., 2004, p. 1445);  
22 and  
23 WHEREAS, “conducting alcohol screening on patients admitted to the hospital cues  
24 the nurse to identify those patients in jeopardy of alcohol withdrawal  
25 syndrome” and its symptoms (Ragaisis, 2004, p. 171); therefore be it  
26 RESOLVED, that California Nursing Students’ Association (CNSA) supports and  
27 encourages its constituents to promote early assessment of the  
28 chemically-dependent patient in medical-surgical setting to decrease the  
29 likelihood of alcohol withdrawal syndrome and its symptoms through  
30 individualized care; and be it further  
31 RESOLVED, that the CNSA encourages its constituents to write letters to the National  
32 Institute of Alcohol Abuse and Alcoholism requesting the  
33 development of a standardized assessment tool that would identify  
34 patients at risk for alcohol withdrawal symptoms that are being  
35 admitted to the hospital who are not accurately being identified; and  
36 be it further  
37 RESOLVED, that the CNSA encourages inclusion of alcohol withdrawal assessment  
38 components in nursing school curricula; and be it further  
39 RESOLVED, that the CNSA publish articles on early assessment of all patients in the  
40 medical-surgical setting in the *Range of Motion* if feasible; and be it  
41 further  
42 RESOLVED, that the CNSA send a copy of this resolution to

43 American Association of Colleges of Nursing, American Nurses  
44 Association, American Organization of Nurse Executives, American  
45 Society of Addiction Medicine, The Gordie Foundation, International  
46 Nurses Society on Addictions, National Association of School Nurses,  
47 International Society of Psychiatric-Mental Health Nurses, National  
48 Institute of Alcohol Abuse and Alcoholism, National League for  
49 Nursing, Substance Abuse and Mental Health Services Administration,  
50 and any others deemed appropriate by the CNSA Board of Directors.