



- Common Complications of Acute Alcohol Intoxication
- Hypoglycemia
 - Electrolyte abnormality
 - Hypothermia
 - Occult trauma
 - Co-ingestion/intoxication
 - Gastritis
 - Pancreatitis
 - Hepatitis
 - Occult infection
 - Aspiration
 - Exacerbation of chronic illness
 - Victim of physical/sexual assault

Alcohol Metabolism

- $(\text{Serum Alcohol} - 80) / (20 \text{ to } 30) = \text{Time to sobriety}$
- $\text{BRAC} \times 1000 = \text{Serum Alcohol}$
- Serum alcohol <80 is considered sober.

- Deescalation Strategies for Adolescents
- If not immediately dangerous, attempt simple, nonrestrictive strategies:
 - Verbal de-escalation.
 - Reduction of environmental stimuli (a quiet room is much better than a loud hallway).
 - Offer basic needs (ex, food, warm blanket).
- Medications
Use caution when giving medications to intoxicated patients, as alcohol can intensify sedation effects.
- Oral vs Intramuscular - If the patient is cooperative, offer oral medications first
 - May give the patient sense of some control.
 - Avoid trauma of being physically restrained for IM shot.
 - Many medications are equally effective in oral form
 - If patient is not cooperative, the oral route is not going to be an option.
 - Benzodiazepines
 - Lorazepam – 0.05-0.1 mg/kg/dose (PO/IM/IV)
 - Midazolam – 0.25-0.5 mg/kg/dose PO; 0.2-0.3 mg/kg IN; 0.1-0.15 mg/kg/dose IM
 - First Generation Antipsychotics
 - Haloperidol – 0.5-5 mg PO; 0.05-0.15 mg/kg IM (up to 5 mg/dose)
 - Second Generation Antipsychotics
 - Risperidone – 0.25-2 mg PO/ODT
 - Olanzapine – 2.5-5 mg PO/ODT
 - Others:
 - Diphenhydramine – 1 mg/kg/dose (PO/IM)
 - Ketamine
 - Rapid onset due to high bioavailability (even when given IM)
 - No QT prolongation issues
 - Safe even in overdose (important when you aren't sure of patient weight)
 - No respiratory depression (rarely, may see laryngospasm)

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.
Approved by MSEC 3/1/22.
Click [here](#) to see the supplemental resources for this guideline.
If comments about this guideline, please contact Megan_Young@ykhc.org.