

Alcohol history at the front door: what's all this social drinking about?

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Introduction

For patients who drink excess alcohol, their alcohol history in admission clerking isn't always assessed properly resulting in under-estimation of their health risk related to alcohol intake.

Methodology

This piece of work was undertaken as part of a larger quality improvement project (QIP) with retrospective data collected from admission clerking sheets using the RCP audit tool.¹

Results

Fifty patient clerking pro formas were audited over a period of 5 weeks on consecutive Mondays (10 random patients selected on each Monday); 32% of patients had no alcohol intake history and a further 36% of patients had 'social drinking' documented with no quantification in volume or units; 32% of patients had an accurate current unit intake alcohol history, but only 75% of these had a relevant previous alcohol history of maximum intake and longest period of drinking. In contrast, 98% had a relevant current and previous smoking history, including e-cigarette use. Two per cent of patients had a relevant screening tool score quoted in their history (AUDIT-C was used in this patient).

Conclusion

Alcohol history in admission clerking is commonly overlooked in medical clerking, and the use of pro formas do not appear to have improved this. We recommend using a systematic approach focused on current intake, maximum past intake and previous attempts in reducing alcohol intake (if any) and the use of formal tools in identifying hazardous or dangerous drinking. Creating an 'alcohol year' similar to smoking pack years is an appealing area for future research and we plan to develop this idea further. ■

Conflicts of interest

None declared.

Reference

- 1 Royal College of Physicians. *Record keeping audit tools*. RCP, 2015. www.rcplondon.ac.uk/projects/outputs/record-keeping-audit-tools

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