Mitigating Nursing Biases in Management of Intoxicated and Suicidal Patients

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Alcohol-related medical conditions and suicidal behaviors consume a significant amount of health care resources. ED visits for a first-listed alcohol-related diagnosis increased from 0.96 percent in 2006 to 1.12 percent in 2010, with a total cost of more than $24 billion.[1] Additionally, research has demonstrated a correlation between alcohol usage and suicidal behaviors. In 2008, 32.8% of ED visits related to suicide attempts were also associated with alcohol consumption in conjunction with other drugs.[2] Suicidal ideations, attempts, and success result from the culmination of complex, multifactorial biological and behavioral experiences that lead to an acute decompensated psychological state for which patients present to the emergency department. In 2010, there was an average of 105 suicides per day in the United States, making it the 10th-leading cause of death in the nation.[3] Although intoxicated patients exhibiting suicidal behaviors are at an increased risk for injury, the nature of their complaints may result in the development of biases from health care workers.

This article reviews a clinical case in which an intoxicated patient presented to the emergency department and stated he had ingested pills in an attempt to commit suicide. We will discuss health care worker biases toward patients with a primary presentation of both alcohol intoxication and suicidal behavior. In an effort to decrease health care worker subjectivity, we will address common tools used to assess both the intoxicated and the suicidal patient. Through education of the nursing staff and the implementation and use of assessment tools, we aim to provide options that may identify and reduce nursing biases.

AK, a 57-year-old man, presented to the emergency department via ambulance with a report of intentional ingestion of 20 tramadol pills earlier the same day. The prehospital report stated that the patient had ingested 20 tramadol pills and also appeared to be intoxicated. When AK arrived, he was taken directly to a treatment room and connected to monitors. AK was well known to the nursing staff because of previous visits. The nursing staff surmised that AK was intoxicated based on his demeanor and the strong odor of alcohol. He was belligerent toward the staff, demanding, and refused to follow directions. His medical history consisted of suicidal behavior disorder, alcohol use disorder, alcohol steatohepatitis, cirrhosis, and chronic pancreatitis. The patient reported smoking 35 packs per year and binge drinking on a daily basis. Triage vital signs were within normal limits, he had an unremarkable review of systems, and no pain or mental health assessment was documented. The patient was assigned as Emergency Severity Index (ESI) level 3.

During the physician evaluation, the patient reported that he had constant abdominal pain that he thought would only go away if he killed himself. He also indicated multiple financial and social stressors. At this point, the patient was transferred to a bed with direct line of sight of the staff, and the patient's belongings were removed from the room. Diagnostic results were unremarkable with the exception of elevated liver enzymes and an ethanol level of more than 300 mg/dL. Throughout the patient's stay, antipsychotic and anxiolytic medications were administered to aid in relaxation, and he was ultimately admitted to the medical ward.

The ESI is a 5-level triage tool used in emergency departments to classify patients according to acuity level and the number of resources required to address a patient's complaint.[4] The most acute patients are assigned either ESI level 1 or level 2,[5] which accounts for patients requiring immediate lifesaving interventions or who are considered to be in high-risk situations, such as suicidal patients. The ESI algorithm recommends assigning suicidal patients as ESI level 2 because of the potential for patients in psychological distress to quickly decompensate.

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TABLE 1
Diagnostic criteria of alcohol use disorder[7] met by AK.

Diagnostic Criteria	AK's behavior	Criteria met
Large amounts of alcohol taken over long periods	Consistently reports binge drinking on a daily basis over several years	Yes
Desire or failed effort to reduce or control use	Several ED visits requesting detoxification, admitted for detoxification in the past, still drinking	Yes
Great deal of time spent to obtain, use, and recover from alcohol	States he panhandles to purchase alcohol	Yes
Craving or intense desire to use alcohol	Frequently intoxicated	Yes
Persistent alcohol use leading to failure to satisfy major obligations at work or home	Currently unemployed and homeless, staying with adult daughter	Yes
Continued alcohol use despite having social/interpersonal problems caused by alcohol	Homeless and unemployed with no social support	Yes
Not participating in important social/recreational activities	States he spends the majority of his time trying to obtain money to buy alcohol	Yes
Recurrent alcohol use in situations where it is physically hazardous	Frequent intoxication in public, no vehicle so walking the streets while intoxicated	Yes
Continued use despite psychological or physical problems caused or exacerbated by alcohol use	Cirrhosis, pancreatitis, steatohepatitis, history of suicidal behavior disorder, lack of social support	Yes
Tolerance	Frequently binge drinks	Yes
Withdrawal	Ethyl alcohol level of 300 mg/dL; as level decreased, patient required anxiolytic and antipsychotic drugs	Yes

To determine if nursing biases played a role in AK's emergency medical care, we examined the triage process and his assigned ESI category. Emergency nursing staff's perception of vital data points collected during the triage process include vital signs, allergy status, pain score, and medical history.[6] AK's physiologic condition was stable upon initial assessment, with the concern being his medical history and chief complaint. Per the ESI algorithm, AK's condition warranted an ESI level 2 because of the complexity of his chief complaint of a suicide attempt while intoxicated. However, AK was undertriaged and was initially placed in a treatment room that did not provide the staff with a direct line of sight to the patient.

Suicide is defined as intentionally causing one's own death, and a suicide attempt is engaging in an act that may cause one's death.[7] Although the definitions are clear, the rationale behind the act is very intricate. Causes for suicide are varied and may result from one or more components that include the inability to cope with physical pain, emotional suffering, retaliation, or mental illnesses.[8] Mental disorders compounded by illness have the potential to increase suicidal behaviors. Such behaviors often manifest in conjunction with major depressive disorders, mixed comorbid medical conditions,[9] and use of alcohol.[10] Although emergency nurses are well versed in caring for emergent patients, it is not uncommon for patients presenting with suicidal ideations to be the recipient of nurse biases. Caring for psychiatric patients produces a wide range of emotions from nurses. Self-harming patients produce a sense of powerlessness, futility, moral judgment, and empathy from emergency nursing staff.[11] Although nurses strive to provide holistic care, the myriad of experienced emotions are not easily overcome and have a potential to affect patient treatment. In a review of the literature, Ross and Goldner[12] discovered that although nurses claim to engage in holistic practice, emergency nurses harbor negative attitudes, such as criticism, toward patients with psychiatric complaints.

A common factor in suicidal behavior disorder is the use and abuse of alcohol, with 40% of suicides taking place while under the influence of alcohol.[13] Alcohol use disorder is defined as a problematic pattern of alcohol use leading to clinically significant impairment or distress as manifested by at least 2 out of 11 specific criteria within a 12-month period.[7] The number of criteria met determines the severity of the illness. A patient demonstrating 2 or 3 criteria would