



Clinical Pathway for Referral of Patients to Next Step Inpatient Withdrawal Unit (IPWU)

January 2023– January 2025





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Introduction

Next Step's Inpatient Withdrawal Unit (IPWU) is a 17 bed unit located at East Perth, which provides a specialist service for people requiring inpatient medical and nursing care during alcohol or other drug withdrawal. The IPWU is not an acute psychiatric or medical facility and has minimal staffing levels after hours and weekends.

Admissions

Admissions

Next Step's preferred pathway is for planned admission which is offered to patients for withdrawal from alcohol and other drugs. Admission priority is given to pregnant women, Aboriginal people and people who live in regional and remote areas. Planned admissions are booked from Monday to Friday and patients are required to arrive at the service in the morning at their agreed admission time.

Where Next Step has bed availability the emergency pathway can be accessed by Hospitals, Emergency Departments and Next Step East Perth for patients in acute alcohol withdrawal. When accepted for a direct transfer these patients are required to arrive at the service prior to 3pm for admission to continue their withdrawal treatment for up to 5 days.

Planned Admissions

Planned admissions are received from a range of services including Metro and Regional Community Drug and Alcohol Services, other drug and alcohol treatment services, community pharmacotherapy prescribers, regional health services, GP's, mental health services, Aboriginal health services and other healthcare services.

Referral Criteria

Patients must be dependently using alcohol or other drugs

Potential admissions must have no significant acute medical or psychiatric problems

Patients must be generally capable of self-care and independently mobile.

Being wheelchair bound is not a barrier to admission if this is the patient's normal level of mobility.

Note we are not able to support service or therapy dogs.

Admission Considerations

The decision to admit a patient is made following a comprehensive medical, psychosocial and risk assessment that takes into consideration:

- Patient intention and motivation.
- Evidence of dependent drug use that includes tolerance and withdrawal.
- Medical and psychiatric conditions including suicide risk.
- Recent serious suicide attempt or overdose.
 - Pain issues and treatment. For patients with chronic or acute pain issues a pain management plan needs to be developed with the patient.
- Previous withdrawal and treatment history.
- Current level of intoxication.
- Social and home circumstances.
- Evidence of relapse prevention and post withdrawal plan.
- Current occupancy in IPWU.
- Admissions cannot be offered to patients with current Next Step Behaviour Managements Plans that excludes them from admission.

Other Considerations

- Patients from regional areas should be supported by the referrer with making travel arrangements **to and from** the IPWU and an exit plan should they not complete the withdrawal. This may include accessing the WA Country Health Service - Patient Assisted Travel Scheme.
- The IPWU is strictly smoke free with no exceptions. Nicotine replacement therapy (NRT) will be provided to patients for the duration of their admission.
- The IPWU has a no visiting policy.
- There is no internet access and no access permitted to personal mobile phones or any smart devices.
- Attendance at external appointments during admission is not permitted and this includes court attendance.
- A patient's planned date of admission may be rescheduled if the patient presents on the day in an acutely intoxicated state, which cannot be managed within the unit.

Continuity of Care & Discharge Plans

All planned admissions should have a comprehensive work up prior to referral that includes :

- a relapse prevention and post withdrawal plan that has been arranged in consultation with both the patient and the referrer.
- If the patient has a follow up plan that includes residential rehabilitation, they should contact the **rehabilitation services** and have this in place with a bed approved prior to referral to the IPWU.
- If the patient requires more intensive support with their recovery immediately following withdrawal this can be facilitated by contacting a **Low Medical Withdrawal Unit (LMWU)** and have this in place with a bed approved prior to referral to the IPWU so a direct transfer can be arranged.
- Discharge exit plan.
- Identified risks/issues should have an appropriate plan in place.
- For patients prescribed medication of dependence (e.g. Benzodiazepines, opioids, gabapentinoids) there needs to be a plan regarding ongoing prescribing and follow up, if these medications have to continue post discharge.
- An accurate and current list of all medications prescribed including doses.

Length of Stay

Length of stay for an inpatient withdrawal will be decided on an individual basis and determined on clinical need. The average length of stay is dependent on the substance as indicated in table below, but may be extended depending on clinical needs.

Withdrawal of Substances and Average Duration of IPWU Stay

Substance	No. Days	Substance use levels accepted for IPWU
Alcohol	5 - 7	Dependent use, no upper limit, with or without seizure history.
Methadone (Opioid Substitution Treatment only)	10 - 14	Patients should reduce to 20mgs or less per day for seven days prior to admission.
Buprenorphine (Opioid Substitution Treatment only)	10 - 14	Patients should reduce to 8mgs or less per day for seven days prior to admission.
Opioid Substitution Treatment Induction	3 - 5	Complex, high risk induction e.g. benzodiazepine dependence, polysubstance use. Failed inductions in the community.
Opioid Substitution Treatment – Transfers (methadone to buprenorphine)	4 - 7	Methadone to buprenorphine transfer with consultant approval.
Benzodiazepine Transfers/stabilisation	4 - 7	Patients on high doses of 40mgs or more per day of diazepam or equivalent.
SPECIAL CONSIDERATION		
Opiates (Illicit and over the counter)	Contact Service	Patients should have a medical assessment to consider Opioid substitution treatment .

		Exceptions may be considered for patients on a case by case basis with a robust discharge plan and IPWU consultant approval.
Benzodiazepine Withdrawal	Contact Service	Generally, patients with benzodiazepine dependence should continue a planned gradual reduction to cessation, under medical supervision in an outpatient setting. Patients that have been reduced to 10mgs (equivalent of diazepam) or less per day for a minimum of 7 days prior to admission, may be considered for admission on a case by case basis with consultant approval.
Cannabis	5	High dependency only if medical concerns present.
Amphetamine	5	Dependent use with medical concerns present.
EMERGING SUBSTANCES		
Any new or emerging substance with a significant withdrawal phenomenon	Contact Service	Dependent use - may be considered for IPWU admission on a case by case and IPWU consultant approval.

Admission is not suitable for Patients:

- Requiring medical, surgical or psychiatric care where their treatment needs exceeds what the IPWU can provide.
- With unstable mental health, significant recent suicide attempt and ongoing risks
- With current abusive, violent behaviour that does not respond to staff interventions to moderate the behaviour.
- With a current Next Step Behaviour Management Plan that excludes admission.
- Requesting admission with motivation other than withdrawal treatment (e.g. accommodation, respite, refuge).
- Aged less than 18 years. These patients should be referred to the Drug and Alcohol Youth Service (DAYS) for further assessment and support.

Admission Procedure

Referrers can contact the IPWU Clinical Nurse Specialist (92191819), to discuss the referral and obtain referral paperwork.

Required Documentation

➤ **Metropolitan Community Alcohol and Drug Services (CADS):**

All referrers from Metro CADS should complete the following forms:

[IPWU NS MR 18 - INTERNAL REFERRAL](#)

[IPWU NS MR 012 - PATIENT CONTRACT](#)

And forward a current completed copy of the following forms:

[NS MR 084 AUTHORITY TO OBTAIN AND RELEASE INFORMATION](#)

[NS MR 085 PRIVACY STATEMENT](#)

Where an *Integrated Services* patient is under care of a doctor, the medical assessment section (IPWU NS MR 18 INTERNAL REFERRAL) should also be completed. Additional relevant documentation such as management plans for identified mental health problems,

physical health problems (chronic pain, incontinence, etc.) and behavioural concerns are required with the referral form. There are various coping tools available on the forms register to assist in preparing the patient (see links below).

Referrers should upload the referral documentation into MasterCare referral section using the IPWU drop down – note admission dates cannot be confirmed without receipt and assessment of all referral documents.

➤ **Other Services:**

Referrers from other services should complete the following forms:

[IPWU NS MR 017 - EXTERNAL REFERRAL](#)

[IPWU NS MR 012 - PATIENT CONTRACT](#)

[NS MR 084 AUTHORITY TO OBTAIN AND RELEASE INFORMATION](#)

[NS MR 085 PRIVACY STATEMENT](#)

All referrers should send the documentation to the IPWU CNS at Next Step:

NextStep.IPWU@mhc.wa.gov.au or fax: 9219 1885 admission dates cannot be confirmed without receipt and assessment of all referral documents.

Screening Process for Referrals

Admission to the IPWU will be decided following an assessment of the referral information by the IPWU CNS and the IPWU Consultant where required. The patient will be contacted by the IPWU CNS within two working days of receipt of documentation to discuss referral. The outcome of this assessment will be communicated to the referring clinician/agency within three working days. If the patient is assessed as not appropriate for admission the referrer will be advised and alternatives may be explored with them.

Where the CNS team is unable to contact the patient after 3 attempts, they will contact the referrer for the referrer to follow up with the patient. The referral will be put on hold, awaiting contact from the referrer or the patient and closed if no contact after one month.

The referrer should provide information regarding [Inpatient Withdrawal Unit \(including the walk through video\)](#) to the patient prior to admission

Emergency Pathway

Emergency admissions for alcohol dependent patients can be received from all metro emergency departments seven days per week.

To be suitable for the IPWU the patient must be in acute alcohol withdrawal and be assessed as medically and psychiatrically suitable for discharge home (other than requiring alcohol withdrawal treatment). Where possible these patients will be offered an admission on the day of referral.

Patients presenting with ongoing acute mental health risks will not be considered for admission. Patients with a recent serious suicide attempt should preferably have withdrawal treatment provided in a mental health unit. Next Step can provide clinical consultation to health professionals

if required through the Drug and Alcohol Clinical Advisory Service (DACAS) which is a free service providing expert AOD clinical advice on all issues relating to patient management of alcohol and other drug (AOD) use, Telephone (08) 6553 0520 - 8am to 8pm Monday to Friday.

Admissions cannot be offered to patients with current Next Step Behaviour Managements Plans that excludes them from IPWU admission.

All other patients not in alcohol withdrawal but with a substance use disorder should be encouraged to access support through their local Community Alcohol and Drug Services during business hours.

Referral Criteria

- Patients must be alcohol dependent and in acute alcohol withdrawal.
- Potential admissions must have no significant acute medical or psychiatric problems that require hospital care.
 - For patients with significant medical issues, in addition to their alcohol withdrawal, medical clearance for discharge home by an ED doctor is required.
 - For patients with significant mental health issues, in addition to their alcohol withdrawal, psychiatric clearance for discharge home by a Psychiatrist or Psychiatric Registrar is required.
 - For patients with chronic or acute pain issues a pain management plan needs to be developed with the patient.
- Patients must be fully oriented, behaviourally settled and cooperative.
- Patients who are currently acutely intoxicated will not be accepted.
- Patients must be generally capable of self-care and independently mobile. Being wheelchair bound is not a barrier to admission if this is the patient's normal level of mobility.
- The patient has agreed and is motivated to an admission to the IPWU and had signed the IPWU contract (signed copy sent with referral documentation).

N.B There should be no intravenous lines or indwelling catheters (unless permanent) as these indicate that acute medical treatment is required.

Referral Process

During business hours (09:00–15:00hrs Monday–Friday)

Emergency Departments should discuss referrals and send required documentation directly with the IPWU CNS before the admission can be assessed and confirmed. The CNS can be contacted on Ph: 9219 1819, fax: 9219 1885 Email: NextStep.IPWU@mhc.wa.gov.au

After hours (09:00–15:00hrs Weekends, after hour and public holidays)

Emergency Departments should call the IPWU shift coordinator on Ph: 9219 1851 to establish bed availability and discuss referrals directly. The required documentation must be sent (email or fax) before the referral can be assessed and admission confirmed. The IPWU shift coordinator will discuss the referral with the on-call doctor who may contact the referrer for further information if required.

Fax: 9219 1885

Required Documentation

All hospital and emergency department referrers should complete the following forms:

- Clinical notes with medical/psychiatric clearance to home documented.
- Alcohol Withdrawal Chart or CIWA_r including BAL
- Observation charts
- Medication charts.
- Investigation results (Bloods, ECG, scans etc.)
- Mental health assessment screen (if applicable)
- [IPWU NS MR 012 - PATIENT CONTRACT](#) signed by patient.
- For homeless patient's accommodation referral to a suitable accommodation provider completed before transfer

Transferring the Patient to IPWU

- Patient emergency admissions are accepted between 9am and 3pm on a daily basis. If a hospital is unable to transfer the patient before 3pm arrangements can be made to accept the patient for admission the next day, provided they remain as a patient within the referring hospital until transfer and an update on their progress overnight.
- Patients must be a direct transfer from the referral source; and will be breathalysed on arrival.
- Patients should be supplied with five days' supply of discharge medication as Next Step only stocks withdrawal specific medications.

Other Considerations

Prior to their referral patients need to be made aware that: -

- The IPWU is smoke free and if required Nicotine Replacement Therapy (NRT) will be provided to patients for the duration of their admission
- The IPWU has a no visiting policy.
- There is no internet access and no access to personal mobile phones or any smart devices for the duration of their IPWU stay.
- Attendance at external appointments during admission is not permitted this includes court attendance.
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Metro Community Alcohol and Drug Services (CADS)

East Perth

To minimise risk, only patients assessed at Next Steps East Perth site, as being in acute alcohol withdrawal, may be considered for direct admission to the IPWU as no transport is required.

Referral Criteria

- Patient is assessed by a doctor and nurse as being in acute alcohol withdrawal with no significant acute medical or mental health problems that would require hospital care.
- Patient is fully oriented, behaviourally settled and cooperative.
- Patients must be generally capable of self-care and independently mobile (Note: being wheelchair bound is not a barrier to admission if this is the patient's normal level of mobility)..

Referral Process

Discuss referral with CNS to clarify bed availability and patient suitability.

Required Documentation

- **For active patients:**
 - [IPWU NS MR 18 - INTERNAL REFERRAL](#)
- **For non-active /new patients:**
 - [NS MR 002 - INTEGRATED ASSESSMENT](#)
- **For all patients (active, non-active and new):**
 - [NS MR 009 ALCOHOL WITHDRAWAL ASSESSMENT](#)
 - [IPWU NS MR 012 - PATIENT CONTRACT](#)
 - [NS MR 084 AUTHORITY TO OBTAIN AND RELEASE INFORMATION](#)
 - [NS MR 085 PRIVACY STATEMENT](#)

Other Considerations

Prior to their referral, patients need to be made aware that: -

- The IPWU is smoke free and if required Nicotine Replacement Therapy (NRT) will be provided to patients for the duration of their admission
- The IPWU has a no visiting policy.
- There is no internet access and no access to personal mobile phones or any smart devices for the duration of their IPWU stay.
- Attendance at external appointments during admission is not permitted this includes court attendance.

All Other Metro CADS

Where a patient is assessed by a doctor and nurse as being in acute alcohol withdrawal, an ambulance should be organised to transfer the patient to the nearest Emergency Department for initial assessment and stabilisation (as per policy [IS - MANAGEMENT OF CONSUMERS IN ACUTE ALCOHOL WITHDRAWAL POLICY](#)). Once the patient is stabilised, Emergency Departments can follow the pathway for transfer to the IPWU (where a bed is available).

Useful Resources

- [IPWU NS MR 18 - INTERNAL REFERRAL](#)
- [IPWU NS MR 017 - EXTERNAL REFERRAL](#)
- [IPWU NS MR 012 - PATIENT CONTRACT](#)
- [NS MR 084 AUTHORITY TO OBTAIN AND RELEASE INFORMATION](#)
- [NS MR 085 PRIVACY STATEMENT](#)
- [IPWU NS MR 015 EXAMPLE MANAGEMENT PLAN](#)
- [IPWU NS MR 016 SELF-HARM ASSESSMENT AND COPING STRATEGIES](#)
- [IPWU NS MR 005 - ANXIETY ASSESSMENT & STRATEGIES TO MANAGE](#)
- [IPWU NS MR 006 - COPING WITH ANGER & AGGITATION TOOL](#)
- [IPWU NS MR 027 – EMOTIONAL DYSREGULATION SUPPORT PLAN](#)
- [Next Step IPWU Walk through Video](#)
- [Q& A with Next Step Consumers](#)

If you require any of the above resources, please contact the CNS on 9219 1819.



Next Step is committed to equity and providing an inclusive service where individuals feel accepted, safe, affirmed and celebrated; irrespective of cultural or linguistic background, sexual orientation, gender identity, intersex status, religious or spiritual beliefs, socio-economic status, age or abilities.



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