ORIGINAL ARTICLE

Use of propofol infusion in alcohol withdrawal-induced refractory delirium tremens

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INTRODUCTION

Delirium tremens is a potentially fatal complication of alcohol withdrawal. In severe delirium, very large dosages of benzodiazepines can be required and in refractory cases, sedation with propofol can be used. Treatment of refractory delirium tremens with propofol is mainly described in case reports. We aimed to evaluate the treatment of delirium tremens with propofol infusion for 48 h.

MATERIAL AND METHODS

This study was a single-centre retrospective cohort analysis of 15 patient journals covering the period from May 2012 to September 2013.

RESULTS

Five women and ten men were included. Their mean age was 50.9 years. Prior to propofol treatment, conventional treatment with up to 1,500 mg of benzodiazepines, 2,000 mg of chlordiazepoxide or 1,200 mg of phenobarbital was attempted in the medical or psychiatric ward, without effect (sleep). Patients were sedated, intubated and mechanically ventilated in the intensive care unit. The mean propofol infusion rate was 4.22 mg/kg/h. Thirteen patients received supplemental infusion of opioids, whereas seven required concomitant vasopressor infusion. Once propofol infusion was discontinued after 48 h, 12 patients had a long awakening, displaying symptoms of prolonged sedation. Twelve of the 15 patients treated for delirium tremens with propofol for 48 h were successfully treated. Three patients needed further treatment.

CONCLUSION

Our study suggests that treatment with propofol is viable. Establishing indication, dose, duration, and long-term effects of propofol treatment of delirium tremens requires further investigation.

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FROM: Department of Anaesthesiology, Glostrup Hospital

ORIGINAL ARTICLE

Work environment influences adverse events in an emergency department

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INTRODUCTION

The psychosocial work environment has been recognised as a factor that contributes to the occurrence of errors and adverse events at hospitals. There has been a strong focus on stress factors at intensive care units and emergency departments. The purpose of this study was to investigate the occurrence of adverse events and to examine the relationship between work-related stressors, safety culture and adverse events at an emergency department.

MATERIAL AND METHODS

A total of 98 nurses and 26 doctors working in an emergency department at a Danish regional hospital filled out a questionnaire on the occurrence and pattern of adverse events, psychosocial work environment factors, safety climate and learning culture.

RESULTS

The participants had experienced 742 adverse events during the previous month. The most frequent event types were lack of documents, referrals not performed, blood tests not available and lack of documentation. Problems related to reporting and learning and insufficient follow-up and feedback after serious events were the most frequent complaints. A poor patient safety climate and increased cognitive demands were significantly correlated to adverse events.

CONCLUSION

This study supports previous findings of severe underreporting to the mandatory national reporting system. The issue of reporting bias related to self-reported data should be born in mind. Among work environment issues, the patient safety climate and stress factors related to cognitive demands had the highest impact on the occurrence of adverse events.

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