

REFERRAL CRITERIA

1: The service user has a diagnosis OR a presumptive diagnosis of Alcohol-Related Brain Injury which has been confirmed by a medical clinician, psychologist or Nurse Specialist in Addiction.

Criteria for the clinical diagnosis of probable ARBI include the following:

1. There is evidence of the presence of deficits in neurocognitive function (as demonstrated by clinical examination and/or use of appropriate instruments)
2. Significant alcohol use as defined by the minimum average of 35 standard drinks per week for men and 28 for women, for a period of greater than 5 years. The period of significant alcohol use must occur within three years of clinical onset of the cognitive deficits.

The diagnosis of ARBI is supported by the presence of the following:

1. Alcohol related hepatic, pancreatic, gastrointestinal, cardiovascular or renal disease or other end organ damage.
2. Ataxia or peripheral polyneuropathy (not attributable to other non-alcohol related causes).
3. Neuroimaging evidence of cerebellar atrophy, especially of the Vermis

2: Wernicke's is diagnosed in people with any two of the following four criteria:

- **Eye signs** (nystagmus; symmetrical/asymmetrical palsy; conjugate-gaze palsy; sluggish reaction of pupils to light; unequal pupil size etc)
- **Cerebellar signs** (gait ataxia, trunk ataxia, loss of equilibrium, loss of coordination, abnormal finger-nose or past pointing, difficulty with rapid alternating movements)
- **Mild memory impairment or confusion** without another aetiology (Can be difficult to spot if not formally quantified MOCA= less than 26/ ACEIII less than 88)
- **Signs of malnutrition** on physical or laboratory exam

3: The suspected brain injury is not due to a congenital, developmental, or degenerative disorder or from a progressive disease

4: The client has completed a full medically assisted alcohol detoxification consisting of 2 pairs of ampoules Pabrinex three times daily for a minimum of 3-5 days, followed by one pair of ampoules once daily for a further 3-5 days depending on response. **A high index of suspicion should be held at all times. It is far safer and far more cost effective to over-treat than to under treat this population**" (Royal College of Physicians of London)

OR

Has consented (see criterion 7 below) to a full, medically assisted alcohol detoxification.

4: There is an identified need for specialist interdisciplinary rehabilitation and the service user requires input from at least two separate professional disciplines.

5: It is deemed that the client will achieve benefits from the service that cannot be provided in an alternative environment or service. In cases that do not meet this criterion, recommendations will be made to the referring agent regarding other more appropriate services

6: The client has the potential to engage in goal-directed rehabilitation.

7: The client has the capacity to consent to the allocation of rehabilitation co-ordinator and sharing of information between members of a care team

OR

Where there is doubt about capacity – please ensure current HSE Consent Policies have been referenced whilst making a referral

8: The service user must reside in County Donegal.