SoCal Solutions for the Inebriate:
Wheeling up a Sobering Unit in Los Angeles

Marc Eckstein, MD, MPH, FACEP, FAEMS
Medical Director
Los Angeles Fire Department
Commander – EMS Bureau
Professor of Emergency Medicine
Keck School of Medicine of USC
Background

- Los Angeles Fire Department (LAFD) is the sole provider of 911-EMS response for City of Los Angeles (pop. 4.2 mil)
- California law only permits EMS Providers to transport to ED’s
- Accelerated growth among
  - Low-acuity 911-users
  - Inebriated patients
- Nov 2017: LAFD launches Sobriety Emergency Response (SOBER) Unit
  - FF/PM + Nurse Practitioner + Case Worker
Sobering Center

• 50 bed capacity

• Open 24 hours per day, 365 days per year

• Providing respite, showers, hydration, light snacks, some medical monitoring, if necessary

• Length of stay to be an average of 6-12 hours

• Linkage to care
  • Social, behavioral, housing
Sober Unit Screening

1. If age > 65, GCS = 15
2. No known loss of consciousness within 24 hours (e.g., syncope, seizure)
3. Not known to be pregnant
4. Not known to be on anticoagulants
   a. warfarin/Coumadin
   b. clopidogrel/Plavix,
   c. enoxaparin/Lovenox,
   d. rivaroxaban/Xarelto,
   e. dabigatran/Pradaxa,
   f. apixaban/Eliquis,
   g. edoxaban/Savaysa,
   h. fondaparinux/Arixtra
5. HR between 50 - 120
6. SBP ≥ 100 and no clinical signs of relative hypotension
7. RR between 12-24
8. SpO2 ≥ 92%
9. No bruising/hematoma above clavicles
10. No acute GI bleeding
11. Blood glucose between 60-250
12. Findings from First Field Resource Screening confirmed
13. Clinical impression of alcohol intoxication
14. Voluntary consent or presumed consent (when not oriented enough to give verbal consent) to go to the Sobering Center
Results

- 158 Treated and Transported
  - 154 to Sobering Center
  - 4 to Mental Health Urgent Care Facility
  - 2 transported to ER by SOBER Unit
  - All homeless

- 4 pts later transferred to ER from sobering center
  - 3 for ETOH withdrawal
  - 1 for Afib with RVR
Summary

- Novel staffing of new SOBER Unit
- Maximize patient safety/minimize risk
- Ultimate goal is to get serial inebriates into detox and transitional housing
Thank you

eckstein@usc.edu