

Abstract

Aim: United Nations Sustainable Development Goals with its 193 member states aimed to achieve reduced harmful alcohol use by year 2030. Among the key focal points were to develop alcohol care teams whose interest is to reduce acute admissions to hospitals that relate to alcohol, reduce mortality and improve on quality alcohol care. It is agreed that clinician's multidisciplinary teams should be included to integrate alcohol related treatments across all primary, secondary and tertiary health institutions. The team should formulate and coordinate alcohol related policies in their countries.

Methods: During the in-depth interview, the voices of the participants were recorded using tape recorders. The recorded voices from indepth interviews were transcribed into verbatim using NVivo 12 software. The transcriptions were first read for familiarization and check for accuracy of the collected data. The qualitative data was grouped into different thematic, coding and indexing of similar statements was done. Emerging themes were analyzed and common statements included in the conclusion. Clearance was sort from the institutional Ethics Review Committee and the National Commission for Science and Technology.

Results: Clinicians who participated narrated of applying head to toe examination to categorize a client who is mildly, moderately or severely sick for admission to the rehabilitation centres or referral to a hospital for further management. Clinician did not mention guidelines for use during admission or referral of patients. Participants queried the availability of guidelines for admission and referral of patients for alcoholic liver injury. There was a mention that even if the guidelines are available then they could be at a Ministry of Health headquarters showing their unavailability to the clinicians.

Conclusion: There was need to strengthen guiding principals to evaluate criteria for admission on alcoholic liver disease. There was uncertainty on the availability of structured protocols for use in rehabilitation centres in Kenya which led to clinicians apply other protocols such as head to toe examination as a criteria for assessing status of a client to justify their admission or referral incase of the very sick clients.