

COVID-19: Alcohol withdrawal management protocol

Because of reduced availability of alcohol during the COVID-19 outbreak, individuals with alcohol use disorder are at high risk of going into withdrawal. Severe cases of alcohol withdrawal should still be handled in the emergency department; however, in order to reduce both the risk of virus transmission and the burden to the acute health care system, we recommend that RAAM clinics that are remaining open offer day detox to patients where possible and indicated.

In order to minimize in-person patient visits, we recommend taking a history **by phone or by telemedicine** to establish suitability for day detox

- Recent drinking pattern: Number of drinks per day and number of drinking days per week in the past month
- Time of last drink
- Daily withdrawal tremors quickly relieved by alcohol
- History of emergency department visits for withdrawal symptoms
- History of withdrawal related seizures
- Concurrent use of other substances
- Concurrent health conditions
- Current medications

Patients who do not drink daily and do not report regular withdrawal symptoms likely do not need medication for withdrawal management; prescribe anti-alcohol medications if indicated, arrange follow-up by phone or telemedicine, and direct to online psychosocial resources. Patients who drink daily and have daily withdrawal symptoms relieved by alcohol are likely to require medical management. Patients with a history of severe withdrawal symptoms and seizures and/or complicating medical conditions (e.g., liver failure, COPD, advanced age, or on high doses of opioids) are likely to require withdrawal management in the emergency department; other patients are good candidates for a day detox procedure.

Day detox protocol

Advise the patient to have their last drink the night before attendance.

Assess patient every hour using either the Clinical Institute Withdrawal Assessment for Alcohol, Revised (CIWA-Ar) scale or the Sweating, Hallucination, Orientation, Tremor (SHOT) scale.

Order diazepam 20 mg or lorazepam 4 mg for CIWA-Ar ≥ 10 or SHOT ≥ 2 .

Treatment is complete when CIWA-Ar < 8 or SHOT ≤ 1 two consecutive occasions and the patient has minimal or no tremor.

Patients should be sent to the emergency department in the following circumstances:

- They are still in moderate to severe withdrawal after three or four doses of benzodiazepines.
- They are disoriented, agitated, or hallucinating.
- They have repeated vomiting, profuse sweating, tachycardia, or rising blood pressure.

If the patient is still in mild withdrawal when clinic ends, consider giving three days of benzodiazepines to be dispensed by a family member with scheduled dosing: (e.g., diazepam 10 mg q 6 H on the first day, 10 mg q 8 H on the second day, 10 mg q 12 H on the third day). Ensure that patient and family understand that they should NOT take the benzodiazepines if they resume drinking. Before discharge, prescribe anti-craving medications (e.g. naltrexone, gabapentin), arrange follow-up by phone or telemedicine within a day or two, and direct to online psychosocial resources.

Home detox protocol

If a RAAM clinic is unable to offer on-site detox, mild withdrawal can be managed at home if certain criteria are met:

- The patient is known to you or your clinic.
- They are not severely tremulous (i.e., they are able to walk and hold objects).
- They are not profusely sweating, vomiting, or confused.
- They have no history of withdrawal seizures or ED visits for withdrawal.
- They are not on high doses of opioids, benzodiazepines, or other sedating drugs.
- They do not have liver failure or respiratory impairment.
- They are 65 years of age or less.
- They are living with someone who agrees to dispense the medication, hold the medication if the patient resumes drinking, and take the patient to the ED if necessary.

Prescribe diazepam 10 mg q 6 H on the first day, 10 mg q 8 H on the second day, 10 mg q 12 H on the third day. Ensure that the patient and family understand that they should **not** take the benzodiazepines if they resume drinking. Arrange a follow-up call the next day to adjust the diazepam dose and to reassess the need for emergency department care.

Prescribe anti-craving medications (e.g., naltrexone, gabapentin) and direct to online psychosocial resources.

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