Order Set For Alcohol Withdrawal

MONITORING

- [ ] Temp, HR, RR, BP, and O2 saturation with CIWA-Ar on initial assessment
    - Repeat q4h when CIWA-Ar < 10 and minimal tremor
    - Repeat q2h when CIWA-Ar 10–19 and moderate tremor or sweating
    - Repeat q1h when CIWA-Ar ≥ 20 and severe tremor or sweating, or history of withdrawal seizures/DTs

Note: Monitor q1–2h when medical comorbidities such as cardiovascular/hepatic disorders or concurrent opioid use are present

- [ ] Notify the most responsible provider (MRP) for any of the following (transfer to ED if MRP not available):
    - CIWA-Ar ≥ 20
    - Increasing agitation
    - Profuse sweating
    - Repeated vomiting or diarrhea
    - Severe or worsening tremor
    - Hallucinations or delirium
    - Systolic BP > 180
    - Diastolic BP > 110
    - HR > 120 or < 50
    - RR > 20 or < 10
    - SpO2 < 92%
    - T > 37.5°C or < 35°C

LABORATORY TESTS

- [ ] Urine toxicology (point of care drug screen if available)
- [ ] ECG (if available)
- [ ] Urine HCG
- [ ] Serum HCG
- [ ] Serum ethanol
- [ ] Urine ETG
- [ ] Serum CBC, electrolytes, creatinine, glucose, TSH, AST, ALT, ALP, GGT, bilirubin, albumin, INR

Note: Consider breathalyzer use when available to aid in predicting the onset of severe or complicated withdrawal. People who drink heavily can experience withdrawal symptoms and complications requiring benzodiazepines even when their alcohol levels are greater than 17mmol/L (80mg/dL or 0.08%). Rates of decline vary significantly but can be as high as 30–40mg/dL per hour.

As required based on history:

- [ ] HIV serology
- [ ] Syphilis serology
- [ ] Gonorrhea & chlamydia urine
- [ ] Anti-HAV, HBsAg, HBsAb, HBcAb, Anti-HCV
- [ ] HCV RNA viral load if history of infection

Note: Do not delay treatment while waiting for investigation results.

MEDICATIONS

CHOICE OF BENZODIAZEPINE

- **Diazepam** is preferred for withdrawal management due to its long half-life.
- Use **lorazepam** if the client is older than 60, taking opioids or other sedating medications, has severe liver dysfunction (e.g., cirrhosis, severe hepatitis), low serum albumin, or respiratory failure or distress (COPD, pneumonia).

DOSES

CHOICE OF REGIMEN

- **Loading doses:**
  - Use when the client presents with withdrawal complications (delirium, hallucinations, or seizures), or has a history of DTs or withdrawal seizures.
  - A loading dose can be given when skilled staff is available for monitoring and managing potential complications.
  - If skilled staff is unavailable, transfer the client with a history of withdrawal complications or experiencing active withdrawal complications to the nearest emergency department.

- **Symptom-triggered doses:**
  - Use when skilled staff is available to monitor symptom severity using CIWA-Ar and respond to any potential complications.

- **Fixed-dose tapering schedule:**
  - Use when skilled staff is unavailable to implement a symptom-triggered regimen.
  - Clients in severe withdrawal or with a history of withdrawal complications (delirium, seizures, DT) should be sent to the ED for management if only fixed-dosing regimens are available at the WMS.

- **Gabapentin:**
  - Consider if the client is in mild withdrawal and there is no history of withdrawal complications (delirium, seizures, DTs), if benzodiazepines are potentially hazardous (e.g., severe liver dysfunction, respiratory failure or distress, taking opioids or sedating medications, age over 60, low serum albumin), or if the client refuses benzodiazepines.

LOADING DOSES

- [ ] Diazepam 20mg q1–2h x 3 regardless of the CIWA-Ar score, until the client is lightly sedated and has minimal to no tremor **OR**
- [ ] Lorazepam 2–4mg q1–2h x 3 regardless of the CIWA-Ar score, until the client is lightly sedated and has minimal to no tremor

After completion of the benzodiazepine loading dose, proceed with a symptom-triggered or fixed-dose tapering regimen as needed.

SYMPTOM-TRIGGERED DOSES

- [ ] Assess q1–2h with CIWA-Ar
- [ ] Diazepam 10–20mg PO for CIWA-Ar ≥ 10 or definite tremor/profuse sweating **OR**
- [ ] Lorazepam 1–2mg PO/SL for CIWA-Ar ≥ 10 or definite tremor/profuse sweating
- [ ] Stop the symptom-triggered regimen when the CIWA-Ar score is < 8 on two consecutive assessments and minimal to no tremor is present

If withdrawal is not fully resolved, follow with 1–2 days of PRN doses for tremor:

- [ ] Diazepam 10mg PO q4h PRN x 1–2 days **OR**
- [ ] Lorazepam 1mg PO/SL q4h PRN x 1–2 days

FIXED-DOSE TAPERING SCHEDULE

- [ ] **Mild withdrawal:** Diazepam 10mg PO QID for one day

    THEN diazepam 10mg PO TID for one day
    THEN diazepam 10mg PO BID for one day
    THEN diazepam 5mg PO BID for one day
    THEN diazepam 5mg PO once daily for one day

- [ ] **Mild withdrawal:** Lorazepam 1mg PO/SL QID for one day

    THEN lorazepam 1mg PO/SL TID for one day
    THEN lorazepam 1mg PO/SL BID for one day
    THEN lorazepam 0.5mg PO/SL BID for one day
    THEN lorazepam 0.5mg PO/SL once daily for one day

- [ ] **Moderate withdrawal:** Diazepam 20mg PO QID for one day

    THEN diazepam 10mg PO TID for one day
    THEN diazepam 10mg PO BID for one day
    THEN diazepam 5mg PO BID for one day
    THEN diazepam 5mg PO once daily for one day

- [ ] **Moderate withdrawal:** Lorazepam 2mg PO/SL QID for one day

    THEN lorazepam 1mg PO/SL QID for one day
    THEN lorazepam 1mg PO/SL TID for one day
    THEN lorazepam 0.5mg PO/SL BID for one day
    THEN lorazepam 0.5mg PO/SL once daily for one day

    - Continue CIWA-Ar throughout, according to monitoring protocols.
    - Adjust the schedule to the client's presentation and length of stay.
    - If a client's withdrawal is worsening based on CIWA-Ar, worsening tremor, or sweating, contact the MRP to adjust the schedule, or if not available, arrange transfer to the ED.

GABAPENTIN

- [ ] Gabapentin 300 mg PO QID and 300–600mg PO hs for one day

    THEN Gabapentin 300mg PO TID and 300mg PO hs for one day
    THEN Gabapentin 300mg PO BID for one day
    THEN Gabapentin 300mg PO hs for one day

THIAMINE

- [ ] Thiamine 300mg IM/IV once daily x 3–5 days OR
- [ ] Thiamine 100mg PO TID x 1–2 days (when IM/IV administration is unavailable)

MEDICAL COMPLICATIONS

- [ ] Contact MRP (or transfer to ED if MRP is not available) for any of the following:
  - Tremor not improving/worsening despite 80mg diazepam or 8mg lorazepam
  - Tachycardia (HR > 120bpm)
  - Hypertension (elevation of systolic or diastolic BP 20–30mmHG above baseline)
  - Repeated vomiting or profuse sweating
  - Seizures, confusion, hallucinations, delusions, or agitation

ANTI-CRAVING MEDICATIONS

- [ ] Naltrexone 50 mg PO once daily (contraindicated in clients taking opioids) **OR**
- [ ] Acamprosate 666mg PO TID **OR**
- [ ] Acamprosate 333mg PO TID **OR**
- [ ] Acamprosate 666mg PO BID (if weight < 60kg) **OR**
- [ ] Gabapentin 100mg PO hs x 1 day, then 100mg PO BID for one day, then 100mg PO TID

DISCHARGE ORDERS

- [ ] Confirm follow-up plans, including outpatient referral
- [ ] Ensure client has a prescription for anti-craving medication lasting at least until their confirmed follow-up
- [ ] Thiamine 100mg PO once daily for 2–4 weeks **OR**
- [ ] Thiamine 100mg PO TID for 2–4 weeks
- [ ] Fax client summary to the appropriate clinic(s) and community providers

Name ____________________ **Signature** ____________________

Prescriber ____________________

Date ____________________ **Time** ____________________