RAAM Clinic Toolkit

MANAGEMENT OF ALCOHOL WITHDRAWAL

The purpose of this medical directive is to support RNs and RPNs in managing alcohol withdrawal in the RAAM clinic setting when prescribers (MDs/NPs) are unavailable.

Effective (date): _____

Authorizing prescriber: _____

Contact person taking responsibility: _____

Recipients

Any individual seen at this clinic presenting with symptoms of alcohol withdrawal.

Authorized implementers

Any RAAM clinic registered nurse (RN) or registered practical nurse (RPN) currently in good standing with the College of Nurses of Ontario (CNO). The individual must possess the knowledge, skill, and judgment to safely implement this medical directive and must have knowledge of the client's condition and medication profile. If the RN/RPN lacks any of these or feels that future consultation is required, they will contact the prescriber. This directive serves as an authorizing mechanism for registrations of the CNO. This directive does not preclude members of other colleges who may already have authorizing mechanisms in place from administering lorazepam for alcohol withdrawal.

Order and/or procedure

This medical directive includes delegation of the controlled act of administering an oral tablet. Diazepam is the preferred agent for most clients; lorazepam should be used 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).

All clients will be assessed by a RAAM clinic nurse practitioner or physician prior to medication administration or initiation of the procedure. An order is required for this procedure. The RN/RPN must enter the order into the client's electronic medical record (EMR) prior to implementing the following protocol:

a. Complete vital signs and perform urine drug screen on admission to RAAM clinic.
b. Complete CIWA-Ar assessment (see General Clinical Resources).
c. Obtain order.

If CIWA-Ar score 20+ (severe withdrawal):

a. **Give diazepam** 20 mg PO x 1 dose STAT, if urine drug screen negative for benzodiazepines.
b. Send client to Emergency Department via ambulance.
c. If client condition worsens or additional support is required, initiate code blue procedure and don appropriate PPE.

a. **Give lorazepam** 4 mg PO/SL x 1 dose STAT, if urine drug screen negative for benzodiazepines.
b Send client to Emergency Department via ambulance.
c. If client condition worsens or additional support is required, initiate code blue procedure and don appropriate PPE.

If CIWA-Ar score 11–19 (moderate withdrawal):

a. CIWA-Ar hourly and before each dose of diazepam while client is on site.
b. Give diazepam 10 mg to 20 mg PO every 1 to 2 hours until CIWA-Ar is less than or equal to 10, or until a maximum of 3 doses are given.
c. If CIWA-Ar remains above 10 after 3 doses, contact physician or nurse practitioner.

a. CIWA-Ar hourly and before each dose of lorazepam while client is on site.
b Give lorazepam 2 mg PO/SL every 1 to 2 hours until CIWA-Ar is less than or equal to 10, or until a maximum of 3 doses are given.
c. If CIWA-Ar remains above 10 after 3 doses, contact physician or nurse practitioner

If CIWA-Ar 10 or below (mild withdrawal):

a. Continue to observe.
b. Repeat CIWA-Ar in 1 hour.

Once client's CIWA-Ar is 10 or below:

a. Give gabapentin 300 mg PO TID for seven days and thiamine 300 mg PO OD for three days, daily dispensed from local pharmacy.
b. Clients are to be reassessed the next day in person or by telephone by a RAAM clinic team member.

Contraindications

- Known allergy or hypersensitivity reaction to medication(s) named in this directive (consult physician/nurse practitioner)
- Any condition that prevents reliable implementation of CIWA-Ar (e.g., advanced neurocognitive deficits, extreme language barrier)
- Advanced liver disease
- Severe respiratory impairment
- Acute narrow-angle glaucoma

Possible adverse reactions

The most common reactions include drowsiness, unsteadiness, trembling, problems with muscle control or coordination, ataxia, hypertonia, irritability, and abdominal discomfort. Severe reactions could include respiratory depression/distress, extreme fatigue, coma, or death.

Review and quality monitoring

If issues related to using this medical directive are identified at any time, notify the clinical director or supervisor.

Medical directives will be reviewed, edited as necessary, and renewed every year by the clinical director and/or supervisor. If new information becomes available between routine renewals, the directive will be reviewed and edited as necessary. The contact person taking responsibility and authorized implementers identified in this medical directives will be notified when changes are made.

It is the organization's responsibility to attain and house appropriate signatures and documentation to support the use of this medical directive and to ensure that authorized implementers have the training, knowledge, skill, and judgment necessary to use this directive.

Administrative approval

Executive Director, RAAM clinic	Signature	Date

References

CNO Practice Standards Medication 2019- RN/ RPN
CNO Dispensing FAQ RN/ RPN
CNO Practice Standards for NPs
CPSO dispensing standards

Approving prescriber(s)

Name and designation	Signature	Date

List of authorized implementers

Name and Designation	Signature	Date