**Alcohol Withdrawal**

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| Most Responsible Physician (MRP): |
| Primary Diagnosis:  |
| Admit to:  |
| Transfer care to: Dr/RM |
| Professional Disciplines Consults | Reason for Consult (Required) |
| 🗹 Addiction Medicine |  |
| 🞏  |  |
|  |  |
|  | SMO | PCP | MAR |
| Diet  |  |  |  |
| 🞏 | Diet: 🞏 NPO 🞏 Diet as Tolerated 🞏Other: |  |  |  |
| Activity |  |  |  |
| 🞏 | Activity: 🞏 Activity as Tolerated 🞏 Ambulate with Assistance 🞏 Other: |  |  |  |
| Vital Signs |  |  |  |
| 🗹 | Vital Signs as per Unit/Program Routine Standards of Care |  |  |  |
| 🗹 | HR, BP and Respiratory Rate with each Clinical Institute Withdrawal Assessment for Alcohol, revised (CIWA-Ar) assessment |  |  |  |
| 🗹 | Call MD if any of the following occur:HR > 120 bpmSystolic BP > 180 mmHg or < 90 mmHg and/or Diastolic BP > 120 mmHgSpO2 < 90%RR < 12 |  |  |  |

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| Labs and Diagnostics |  |  |  |
| 🞏 | CBC, Mg, Na, K, Cl, CO2, Glucose, BUN, Creatinine |  |  |  |
| 🞏 | ECG daily. If QT interval prolonged, monitored bed or ECG q4H until normal |  |  |  |
| 🞏 | GGT, AST, Alk Phos, Total Bilirubin, INR, Albumin (HBD Panel if in ED) |  |  |  |
| 🞏 | Daily Na, K, Cl, CO2, Glucose, BUN, Creatinine |  |  |  |
| Treatments and Therapy |  |  |  |
| 🗹🗹 | Be alert for worsening signs and symptoms of Delirium Tremens:Agitation, Delirium with Tremor, Sweating, or Other Signs of Autonomic HyperactivityCall MRP immediately if any one of these signs are notably increased:* Profuse sweating
* Severe tremors
* HR > 120
* Patient markedly more agitated (climbing out of bed, removing IV etc.)
* Disoriented to place, person or time
* Having hallucinations or delusions
 |  |  |  |
|  |  | SMO | PCP | MAR |
| IV Orders |  |  |  |
| 🞏 | IV Saline Lock. Flush as per Adult Intravenous Standard of Care |  |  |  |
| 🞏 | IV Sodium Chloride 0.9% at \_\_\_\_\_ mL/hour  |  |  |  |
| 🞏 | IV 2/3 + 1/3 at \_\_\_\_\_ mL/hour  |  |  |  |
| Medications: CIWA-Ar q 1-2H |  |  |  |
| 🞏 | CIWA-Ar q1-2 h (wake patient to complete assessment) |  |  |  |
| 🗹 | Discontinue CIWA-Ar when score < 8 for two consecutive assessments, and patient is comfortable with minimal tremor  |  |  |  |

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| 🞏 | Diazepam 20 mg PO q1-2h if CIWA-Ar score ≥ 10 |  |  |  |
|  | **OR** |  |  |  |
| 🞏 | Lorazepam 0.5 mg PO or SL or IM q1-2h if CIWA-Ar score ≥ 10 |  |  |  |
|  | **OR** |  |  |  |
| 🞏 | Lorazepam 2 mg PO or SL or IM q1-2h if CIWA-Ar score ≥ 10 |  |  |  |
|  | **OR** |  |  |  |
| 🞏 | Lorazepam 4 mg PO or SL or IM q1-2h if CIWA-Ar score ≥ 10  |  |  |  |
| 🗹 | **If SBP < 90 or RR <12:****HOLD** diazepam or lorazepam and immediately notify physician |  |  |  |
| 🗹 | Contact physician if CIWA-Ar ≥ 10 after 3 doses of either Diazepam or Lorazepam |  |  |  |
| 🞏 | Thiamine 100mg PO / IM / IV daily x 3 days |  |  |  |

**Clinical Institute Withdrawal Assessment for Alcohol, revised (CIWA-Ar)**

* 10+ score indicates need for benzodiazepines
* treatment completed when score <8 on two consecutive occasions
* Awaken patient for scoring

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| **NAUSEA AND VOMITING** Ask “Do you feel sick to your stomach? Have you vomited?”Observation 0 no nausea and no vomiting123 4 intermittent nausea with dry heaves 567 constant nausea, frequent dry heaves and vomiting | **AGITATION**Observation0 normal activity1 somewhat more than normal activity2 34 moderately fidgety and restless567 paces back and forth during most of the interview, or constantly thrashes about |
| **TREMOR** Arms extended and fingers spread apart Observation0 no tremor1 not visible, but can be felt fingertip to fingertip234 moderate, with patient’s arms extended5 67 severe, even with arms not extended | **TACTILE DISTURBANCES**Ask “Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on your skin?” Observation0 none1 very mild itching, pins and needles, burning or numbness2 mild itching, pins and needles, burning or numbness3 moderate itching, pins and needles, burning or numbness4 moderately severe hallucinations5 severe hallucinations6 extremely severe hallucinations7 continuous hallucinations |
| **PAROXYSMAL SWEATS**Observation0 no sweat visible1 barely perceptible sweating, palms moist234 beads of sweat obvious on forehead5 67 drenching sweats | **AUDITORY DISTURBANCES** Ask “Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?” Observation0 not present1 very mild harshness or ability to frighten2 mild harshness or ability to frighten3 moderate harshness or ability to frighten4 moderately severe hallucinations5 severe hallucinations6 extremely severe hallucinations7 continuous hallucinations |
| **ANXIETY** Ask “Do you feel nervous?” Observation0 no anxiety, at ease1 mildly anxious234 moderately anxious, or guarded, so anxiety is inferred567 equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions | **VISUAL DISTURBANCES** Ask “Does the light appear to be too bright? Is its colour different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?” Observation0 not present1 very mild sensitivity2 mild sensitivity3 moderate sensitivity4 moderately severe sensitivity5 severe hallucinations6 extremely severe hallucinations7 continuous hallucinations |
| **HEADACHE**, FULLNESS IN HEAD Ask “Does your head feel different? Does it feel like there is a band around your head?” Do not rate for dizziness or light-headedness. Otherwise, rate severity.Observation0 not present1 very mild2 mild3 moderate4 moderately severe5 severe6 very severe7 extremely severe | **ORIENTATION AND CLOUDING OF SENSORIUM** Ask “What day is this? Where are you? Who am I?”Observation0 oriented and can do serial additions1 cannot do serial additions or is uncertain about date2 disoriented for date by no more than 2 calendar days3 disoriented for date by more than 2 calendar days4 disoriented for place and/or person |

CIWA-Ar Score \_\_\_\_\_\_