**Alcohol Withdrawal**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 bpm  Systolic BP > 180 mmHg or < 90 mmHg and/or Diastolic BP > 120 mmHg  SpO2 < 90%  RR < 12 | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 Hyperactivity  Call 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 |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 🞏 | 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

|  |  |
| --- | --- |
| **NAUSEA AND VOMITING**  Ask “Do you feel sick to your stomach? Have you vomited?”  Observation  0 no nausea and no vomiting  1  2  3  4 intermittent nausea with dry heaves  5  6  7 constant nausea, frequent dry heaves and vomiting | **AGITATION**  Observation  0 normal activity  1 somewhat more than normal activity  2  3  4 moderately fidgety and restless  5  6  7 paces back and forth during most of the interview, or constantly thrashes about |
| **TREMOR**  Arms extended and fingers spread apart  Observation  0 no tremor  1 not visible, but can be felt fingertip to fingertip  2  3  4 moderate, with patient’s arms extended  5  6  7 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?”  Observation  0 none  1 very mild itching, pins and needles, burning or numbness  2 mild itching, pins and needles, burning or numbness  3 moderate itching, pins and needles, burning or numbness  4 moderately severe hallucinations  5 severe hallucinations  6 extremely severe hallucinations  7 continuous hallucinations |
| **PAROXYSMAL SWEATS**  Observation  0 no sweat visible  1 barely perceptible sweating, palms moist  2  3  4 beads of sweat obvious on forehead  5  6  7 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?”  Observation  0 not present  1 very mild harshness or ability to frighten  2 mild harshness or ability to frighten  3 moderate harshness or ability to frighten  4 moderately severe hallucinations  5 severe hallucinations  6 extremely severe hallucinations  7 continuous hallucinations |
| **ANXIETY**  Ask “Do you feel nervous?”  Observation  0 no anxiety, at ease  1 mildly anxious  2  3  4 moderately anxious, or guarded, so anxiety is inferred  5  6  7 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?”  Observation  0 not present  1 very mild sensitivity  2 mild sensitivity  3 moderate sensitivity  4 moderately severe sensitivity  5 severe hallucinations  6 extremely severe hallucinations  7 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.  Observation  0 not present  1 very mild  2 mild  3 moderate  4 moderately severe  5 severe  6 very severe  7 extremely severe | **ORIENTATION AND CLOUDING OF SENSORIUM**  Ask “What day is this? Where are you? Who am I?”  Observation  0 oriented and can do serial additions  1 cannot do serial additions or is uncertain about date  2 disoriented for date by no more than 2 calendar days  3 disoriented for date by more than 2 calendar days  4 disoriented for place and/or person |

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