

# Emergency Department to WMS Transfer Checklist

---

Community residential withdrawal management services (WMS) are generally non-medical facilities with limited access to medical care. Please use the appropriate substance use order set and address the following to ensure safe transition to WMS.

## ALCOHOL WITHDRAWAL TRANSFER CRITERIA

- CIWA-Ar < 10 x 3 consecutive assessments 1–2h apart
- Patient not at risk for dehydration or electrolyte imbalance (e.g., repeated vomiting, profuse sweating)
- Patient does not show signs of DT (confusion, disorientation, delusions, agitation)
- Patient does not show signs of Wernicke's encephalopathy (e.g., weakening eye muscles, lack of muscle control, confusion)
- Withdrawal medication prescribed if indicated (see below)
- Patient with withdrawal seizures or DT in current or previous withdrawal episode has been given benzodiazepine loading doses (i.e., diazepam 20mg q1h x 3 OR lorazepam 2mg q1h x 3 until lightly sedated and diminished tremor)

## ALCOHOL WITHDRAWAL MANAGEMENT PRESCRIPTIONS

To be dispensed to WMS staff for observed client administration on site only. Hold if drowsy or sedated before any dose.

- For moderate to severe alcohol withdrawal:** Diazepam 10mg PO QID PRN for withdrawal x 1 day  
THEN diazepam 10mg PO TID PRN for withdrawal x 1 day  
THEN diazepam 10mg PO BID PRN for withdrawal x 1 day  
THEN diazepam 10mg PO once daily x 1 day
- For moderate to severe alcohol withdrawal in patients on opioids or other sedating medications, with severe liver or respiratory disease, or over 60 years old:** Lorazepam 2mg PO QID PRN for withdrawal x 1 day  
THEN lorazepam 2mg PO TID PRN for withdrawal x 1 day  
THEN lorazepam 2mg PO BID PRN for withdrawal x 1 day  
THEN lorazepam 2mg PO once daily x 1 day
- For mild alcohol withdrawal:** Gabapentin 300mg PO QID PRN for withdrawal x 3 days  
THEN gabapentin 300mg PO TID PRN for withdrawal x 1 day  
THEN gabapentin 300mg PO BID PRN for withdrawal x 1 day  
THEN gabapentin 300mg PO once daily PRN for withdrawal x 1 day

## TRANSFER CHECKLIST

- Medically cleared for transition to WMS based on above guidance
- Medication has been prescribed and faxed to pharmacy
- Copy of ED records including treatments received and investigations faxed to WMS and sent with patient

Additional information about ED visit, including presentation, complications, and treatments received:

---

---

---

## STANDARD WMS EXCLUSION CRITERIA

- Delirious or confused from any cause (e.g., alcohol or benzodiazepine withdrawal delirium)
- History of hallucinations or seizures when stopping substance use (appropriate after loading doses)
- History of delirium tremens (appropriate after loading doses)
- In active withdrawal from benzodiazepine-class drugs
- Acute psychosis or mania
- Inadequately controlled chronic psychiatric disorders
- Active suicidal or homicidal ideation with plan or intent
- Current agitation or aggression
- New cough, fever, vomiting, diarrhea (prior to the onset of withdrawal symptoms)
- Acute serious injuries requiring medical attention (e.g., broken bones, head injuries)
- Chronic medical conditions requiring significant medical monitoring (e.g., severe CHF)
- Mobility, hearing, or visual impairments affecting ability to manage own ADLs/basic needs
- 16 years of age or younger

## POSSIBLE WMS EXCLUSION CRITERIA

Contact WMS healthcare provider to determine if admission is appropriate if any of the following; timed admission may be appropriate when medical staff are on site:

- Minor acute injuries (e.g., open sores, wounds, skin infections)
- Have stopped medication for chronic illnesses within the last 60 days
- Pregnant or thinks they may be pregnant
- Missing medications for chronic or acute illnesses (e.g., insulin, blood pressure medications)
- Concurrent benzodiazepine and alcohol use disorder
- History of seizures