

**SANTA PAULA HOSPITAL and VENTURA COUNTY MEDICAL CENTER: ALCOHOL WITHDRAWAL PROTOCOL:
PHYSICIAN ORDERS: FLOOR, TELEMETRY, DOU**

Begin alcohol withdrawal assessment protocol.

Alcohol Withdrawal Assessment Protocol

- a. Vitals, CIWA score now. Use CIWA worksheet for all documentation.
- b. If initial CIWA score ≥ 8 , continue assessment & vitals q1h. Then if CIWA < 8 assess q2h, and if CIWA $< 8 \times 2$, assess q4h.
- c. If initial CIWA score less than 8, continue assessment q4h x 72 hours.
- d. If CIWA score less than 8 for 72 hours, discontinue assessment.
- e. If CIWA score ≥ 8 at any time, go to (b) above.
- f. If indicated, administer medications as ordered below.
- g. Call provider for assessment and consideration of transfer to ICU for any of the following: CIWA score above 35. q1h assessment for more than 4 hrs required, more than 4mg/hr lorazepam x 3 hrs required, or respiratory distress.

- Nursing staff to enter referral to Social Services: "Assess for Alcohol Rehab".
- Daily for 72 hours: Add to first liter of the current IV fluid: Multivitamins 1 vial, Thiamine 100 mg, Folic Acid 1 mg, Pyridoxine 100 mg
- Daily for first 72 hours may also add magnesium sulfate _____ grams daily to the same IV bag with above additives

<u>Withdrawal Medication Prescribing Regimen</u>	<u>HIGH-RISK Factors for Severe Withdrawal</u>
<ul style="list-style-type: none"> • "PRN" method: all patients (symptom triggered meds only) • "Scheduled" method: if any HIGH-RISK factors (listed at right) 	<ul style="list-style-type: none"> ___ Initial CIWA Score 15 or higher ___ History of severe alcohol withdrawal ___ History of withdrawal-related seizures ___ Increasing CIWA score while on treatment ___ History of heavy drinking Women: >7 drinks/wk or 3 drinks/occasion Men: >14 drinks/wk or 4 drinks/occasion
Date and time of last drink: _____	

Lorazepam (Ativan)

"PRN": Use chart below to give appropriate dose based on CIWA-AR score

CIWA Score	Intervention
6-9	lorazepam 1mg IV
10-19	lorazepam 2 mg IV;
20-29	lorazepam 3 mg IV;
30-39	lorazepam 4 mg IV;
>40	lorazepam 6 mg IV

"Scheduled": Lorazepam _____ mg (2 or 4mg recommended) PO IV IM (circle route) q4h x 6 doses, then q6h x 4 doses, then q8h x 3 doses, then q12h x 2 doses then stop scheduled lorazepam.

Hold Dose, Call MD and Consider ICU Transfer if:

- Unresponsive to voice
- Respiratory Rate < 10 or Oxygen Saturation $< 90\%$
- Respiratory Distress
- CIWA score above 35
- More than 4mg/hour of lorazepam for 3 hours
- Q1h assessment for more than 4 hours required

Total lorazepam dose not to exceed:
 16 mg in 24 hours-FLOOR, TELE
 32 mg in 24 hours-DOU

Haloperidol (Haldol): *Physician Note (optional – consider for hallucinations, profound agitation or combative behavior)
 *Haloperidol may induce arrhythmia, especially with other meds than prolong QT, low serum magnesium or potassium present, or with high dose therapy (>35mg/24hours). Check QT interval, magnesium and potassium prior to administration. Also, do not administer within 48 hours of last drink until at least 8 mg of lorazepam in preceding 2 hours has been given as may induce seizures in absence of benzodiazepine.

Haloperidol 2.5 mg Haloperidol 5mg PO IV IM q2h PRN agitation (circle route).

Baclofen: Optional-consider for mild to moderate alcohol withdrawal (CIWA 8-25) in patients able to take PO meds.
DO NOT USE CONCOMINANTLY WITH SCHEDULED BENZODIAZEPINES

Baclofen 10 mg PO TID

Date _____ Time _____

MD Signature: _____

PATIENT LABEL

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

Clinical Symptom	0 points	1 point	2 points	4 points	7 points
Nausea/emesis	None	Mild nausea		Occ.nausea/ dry heaves	Constant nausea and vomiting
Tremor	None	Can be felt		Moderate tremor	Severe tremor
Diaphoresis	None	Palms moist		Beads of sweat on forehead	Drenching sweats
Anxiety	None/calm	Mild anxiety		Moderate anxiety	Severe, or panic state
Agitation	None	Slight		Moderate, fidgety, restless	Severe, pacing, thrashing about
Tactile disturbance	None	Mild itching or paresthasias		Moderate occ. Hallucinosiis	Continuous hallucinosiis
Auditory disturbance	None	Very mild sounds		Moderate occ. Hallucinosiis	Continuous hallucinosiis
Visual Disturbance	None	Mild sensitivity to light		Moderate occ. Hallucinosiis	Continuous hallucinosiis
Headache or Head Fullness	None	Very mild headache		Moderate headache	Extremely severe
Level of Orientation	Oriented + can do serial additions	Unsure of date, or unable to add	Date disorientation by ≤ 2 days	Disoriented to person or place	

* CIWA-Ar score is generally appropriate for non-ICU patients up to moderately-severe alcohol withdrawal.

Clinical Institute Withdrawal Assessment for Alcohol Worksheet* DATE _____

Clinical Symptom	Time	Score	Time	Score	Time	Score	Time	Score	Time	Score	Time	Score
Nausea/emesis												
Tremor												
Diaphoresis												
Anxiety												
Agitation												
Tactile disturbance												
Auditory disturbance												
Visual Disturbance												
Headache or Head Fullness												
Level of Orientation												
TOTAL SCORE												

*if interviewer not sufficiently fluent in patient's primary language, translator should be utilized.



VENTURA COUNTY MEDICAL CENTER
SANTA PAULA HOSPITAL
**ALCOHOL WITHDRAWAL PROTOCOL
FLOOR ONLY (CIWA)**