Alcohol Withdrawal Management Order Set

****Patient has a history of alcohol use, last drink was within the previous 72 hours and the CAGE score is above 1 (refer to Alcohol Withdrawal Protocol)****

Diet: ☑ Encourage oral fluids ☐ Regular Diet OR ☐

Vitals/Monitoring

☑ Weight ______ kg
☑ HR, RR, SPO2, BP q ______ minutes
☑ Admit to monitored bed if CIWA-Ar score 9 or more and IV diazepam is indicated (consult physician)
☑ Notify MD if Respiratory Rate is less than 10 per minute and patient is difficult to rouse

Monitoring

☑ Initiate supportive care measures
☑ Complete initial CIWA-Ar (Clinical Institute Withdrawal Assessment for Alcohol – form 712179)

If initial CIWA-Ar score is 0 and blood alcohol level known to be 0:
☑ Repeat CIWA-Ar in 2 hours. If score is 0, discontinue Alcohol Withdrawal Order Set

If initial CIWA-Ar score is 1 to 8:
☑ Repeat CIWA-Ar q3h x 3. If CIWA-Ar score remains less than 8, can discontinue Alcohol Withdrawal Order Set

If initial CIWA-Ar score is 9 or higher:
☑ Repeat CIWA-Ar q1h until score is 8 or less, then decrease CIWA-Ar monitoring to q2h x 2
☐ HR, RR, SPO2, BP q ______ minutes and supportive care only
OR
☐ HR, RR, SPO2, BP q15 minutes CIWA-Ar until score is less than 9 AND for first hour after administration of IV diazepam or LORazepam. Initiate supportive care AND Sedation Orders and consider monitored bed

***Complete all areas in signature box. Orders will not be processed without a written signature and bradma on each page***

Signature: ___________________________  Pager # ___________  Date ___________  Time ___(YYYY/MM/DD)____

Co-Signature: ___________________________  Pager # ___________  Date ___________  Time ___(YYYY/MM/DD)____

Transcribed By: ___________________________  Date ___________  Time ___(YYYY/MM/DD)____

Checked By: ___________________________  Date ___________  Time ___(YYYY/MM/DD)____

Copy Made For Pharmacy
Alcohol Withdrawal Management Order Set

IV Fluids

☐ Saline Lock
☐ IV __________________ at ______ mL/h

Nutritional Supplementation

☐ thiamine 100 mg IV now (First dose to be administered prior to administration of any IV dextrose solutions)
☐ thiamine 100 mg IM now (First dose to be administered prior to administration of any IV dextrose solutions)
☐ thiamine 100 mg PO now (First dose to be administered prior to administration of any IV dextrose solutions)

THEN
☐ thiamine 100 mg IV daily x 2 days (PO only if IV/IM routes not possible)
☐ thiamine 100 mg IM daily x 2 days (PO only if IV/IM routes not possible)
☐ thiamine 100 mg PO daily x 2 days (PO only if IV/IM routes not possible)

Sedation

***Flumazenil is not recommended for patients in acute alcohol withdrawal***

***Physician must select route of administration***

If initial CIWA-Ar score is 9 or higher:
☒ Initiate one of the benzodiazepines listed below until patient lightly sedated or CIWA-Ar score is 8 or less
☐ diazepam _____ mg PO q _____ h. Notify MD if CIWA-Ar score remains 9 or higher after 3 doses
☐ diazepam _____ mg IV q _____ h. Notify MD if CIWA-Ar score remains 9 or higher after 3 doses

OR
☐ LORazepam _____ mg PO q _____ h. Notify MD if CIWA-Ar score remains 9 or higher after 3 doses
☐ LORazepam _____ mg IV q _____ h. Notify MD if CIWA-Ar score remains 9 or higher after 3 doses
☐ LORazepam _____ mg IM q _____ h. Notify MD if CIWA-Ar score remains 9 or higher after 3 doses

Note benzodiazepines-
- Benzodiazepine highly recommended for CIWA-Ar scores above 12, or if patient seizes, or has withdrawal-induced hallucinations or delirium. Use caution in patients at high risk of respiratory failure (ie. CO₂ retention, decreased level of consciousness, respiratory muscle weakness, liver impairment etc.)
- diazepam - recommended starting dose is 20 mg q1h PO or IV (IM not acceptable)
- LORazepam - recommended starting dose is 4 mg q1h PO/IM/IV
- Continuous HR, RR, BP SPO2 monitoring is recommended with IV administration

***Complete all areas in signature box. Orders will not be processed without a written signature and bradma on each page***

Signature: ____________________________ Pager # ______ Date (YYYY/MM/DD) Time

Co-Signature: ____________________________ Pager # ______ Date (YYYY/MM/DD) Time

Transcribed By: ____________________________ Date (YYYY/MM/DD) Time

Checked By: ____________________________ Date (YYYY/MM/DD) Time

Copy Made For Pharmacy
**Supportive Care**

Regardless of the stage of withdrawal, all patients require supportive care. This consists of the following:

a) On going Assessment - Monitor the signs and symptoms of withdrawal using the CIWA-Ar assessment tool

b) Environment - Care for the patient in a quiet, well-lit room with orientation signals (e.g., clock, calendar) if possible

c) Reality Orientation - Orient the patient to time, place and person frequently

d) Caregiver Approach - Provide respect and reassurance. Stay calm and friendly. Explain all procedures. Spend as much time with the patient as possible

e) Nursing Ratio – Close monitoring is recommended for patients in moderate or severe withdrawal and is required when agitation is severe or when benzodiazepines are being used in high risk patients

f) Hydration/Nutrition - Give thiamine as per protocol. Assess hydration and encourage oral food and fluid intake. Provide intravenous fluids if necessary as per protocol. Monitor intake and output as per protocol

g) Safety - Observe for seizure activity. Protect patient having seizures from injury, monitor airway. Benzodiazepines are beneficial for alcohol withdrawal-induced seizures. Determine if patient has a history of suicidal attempts. Institute suicidal precautions if indicated and inform the rest of the team. Determine if patient has a history of violent behavior when intoxicated. Notify hospital security if indicated

h) Restraint use - may be required as a last resort or in an emergency situation. Decisions around the continued use of restraints should be re-assessed each shift and clearly documented with the goal to discontinue the use of restraints as soon as possible. Restraint use mandates enhanced monitoring for seizures or delirium to prevent injury or aspiration and for adequate skin care

i) Advice re: detoxification and rehabilitation follow-up – coordinate through Social Work or arrange follow-up with these services
   - ADGS (Alcohol, Drug, Gambling Support Service) - 905-546-3606
   - Men's Detox - 905-527-9264
   - Women's Detox - 905-545-9100
   - AA - 905-522-8392
Alcohol Withdrawal Protocol

Initiation Criteria
- Patient has history of alcohol use
  AND
- Last drink was within the previous 72 hours
  AND
- CAGE score is above 1

CAGE Questionnaire - score 1 for each YES answer
1. Have you ever felt you should Cut down on your drinking?
2. Have you ever felt bad or Guilty about drinking?
3. Have you ever felt bad or Guilty about drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (Eye-opener)?

Initiate management of Alcohol Withdrawal in Adult Patients Protocol

Initiate supportive care measures and do initial CIWA-Ar monitoring assessment

CIWA-Ar score is 0 and blood alcohol level known to be 0
- Repeat CIWA-Ar in 2 hours.
  - Score remains 0 - discontinue protocol

CIWA-Ar score is 1 - 8
- Repeat CIWA-Ar q3h x 3
  - Scores remains 8 or less - can discontinue protocol
  - Score 9 or higher after any assessment

CIWA-Ar score is 9 or higher
- Repeat CIWA-Ar q1h until score is 8 or less, then decrease to q2h x 2
  - Continue with monitoring and supportive care only

Diazepam / LORazepam Treatment Plan
Diazepam / LORazepam - treat until patient is lightly sedated or CIWA-Ar score is 8 or less
- Continue with monitoring and supportive care
- BP, RR, SpO₂ monitoring, close observation (per orders)
- Immediately notify physician if respiratory rate is less than 10/minute and patient is difficult to rouse