

<p>UMC Health System</p> <p>ALCOHOL WITHDRAWAL SYNDROME PLAN</p>	<p>Patient Label Here</p>
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PHYSICIAN ORDERS

Diagnosis _____

Weight _____ Allergies _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Patient Care

Alcohol Withdrawal Prophylaxis Protocol
 See Reference Text

Utilize the Richmond Agitation Sedation (Utilize the Richmond Agitation Sedation Scale)
 q4h ***See Reference Text***

Utilize CIWA-Ar Alcohol Withdrawal Asses (Utilize CIWA-Ar Alcohol Withdrawal Assessment Tool)
 q4h

Vital Signs
 Per Unit Standards

Communication

Notify Provider (Misc)
 T;N, Reason: for CIWA-Ar GREATER than or EQUAL to 9

Seizure Precautions

Aspiration Precautions

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

Lorazepam for Seizures
LORazepam
 2 mg, IVPush, inj, as needed, PRN seizure activity
 Administer dose and contact provider immediately for further orders.

Lorazepam for Alcohol Withdrawal CIWA-Ar scores 9 or higher.
LORazepam
 1 mg, PO, tab, q2h, PRN agitation
 Administer for a CIWA-Ar score 9 to 15. Maximum dose of 12 mg/24 hr. Reassess patient in 2 hours and treat based on CIWA-Ar Score. Contact provider to change to IV IF patient unable to take oral OR symptoms inadequately controlled on oral medication
 1 mg, IVPush, inj, q2h, PRN agitation
 Administer for a CIWA-Ar score of 9 to 15. Maximum dose of 12 mg/24 hr. Reassess patient in 2 hours and treat based on CIWA-Ar Score.

LORazepam
 2 mg, PO, tab, q2h, PRN agitation
 Administer for a CIWA-Ar score GREATER than 15. Maximum dose of 24 mg/24 hr. Reassess patient in 1 hour and treat based on CIWA-Ar Score.
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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

ALCOHOL WITHDRAWAL SYNDROME PLAN

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	<input type="checkbox"/> 2 mg, IVPush, inj, q2h, PRN agitation Administer for a CIWA-Ar score GREATER than 15. Maximum dose of 24 mg/24 hr. Reassess patient in 1 hour and treat based on CIWA-Ar Score. Give IV if unable to take oral OR symptoms inadequately controlled on oral medication. Contact provider to change to IV IF patient unable to take oral OR symptoms inadequately controlled on oral medication
IV Vitamins	
	Consider high dose thiamine in patients with diagnosis of Wernicke's Encephalopathy Use oral medication unless patient is NPO OR signs of Wernicke's thiamine <input type="checkbox"/> 100 mg, IVPB, ivpb, Daily <input type="checkbox"/> 500 mg, IVPB, ivpb, q8h, x 3 days
	folic acid <input type="checkbox"/> 1 mg, IVPush, syringe, q24h
Oral Vitamins	
	folic acid <input type="checkbox"/> 1 mg, PO, tab, Daily
	multivitamin <input type="checkbox"/> 1 tab, PO, tab, Daily
	thiamine <input type="checkbox"/> 100 mg, PO, tab, Daily

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Physician Signature: _____ Date _____ Time _____

