

ALCOHOL WITHDRAWAL MANAGEMENT PROTOCOL

Purpose: To assist with early identification and management of the patient at risk for alcohol withdrawal syndrome (AWS) and to prevent negative physical and /or psychosocial consequences of the withdrawal experience.

Indication: Any patient admitted to UMC who exhibit signs/symptoms of alcohol withdrawal, known history of alcohol abuse, or positive CAGE at risk for alcohol withdrawal are evaluated for AWS. If AWS confirmed, the patient will receive prompt and appropriate medications to minimize the withdrawal symptoms and Clinical Institute Withdrawal Assessment for Alcohol Addiction Research (CIWA-Ar) will be ordered.

Goals:

- Early identification, assessment and intervention for patients in acute alcohol withdrawal.
- To achieve and maintain Clinical Institute Withdrawal Assessment for Alcohol Addiction Research (CIWA-Ar) score less than 8 within 24 hours of initiating treatment and maintain that score throughout admission.

Protocol:

- *Ensure symptoms are not due to general medical condition or by another mental disorder.
- Patient should be on precautions for seizures, fall risk, and aspiration
- Utilize CIWA-Ar Alcohol Withdrawal Assessment Tool to assess the patient's need for symptom-based treatment
- Utilize Richmond Agitation Sedation Scale (RASS) Level to assess level of consciousness
- **Document** CIWA-Ar Score, treatment and reassessment
- Vital signs q4h and PRN with each CIWA-Ar Withdrawal Assessment
- Level of consciousness assessment with Richmond Agitation Sedation Scale (RASS) Q4 Hours
- Monitor patient for signs and symptoms of alcohol withdrawal. Signs and symptoms of alcohol withdrawal include:
 - sweating,
 - pulse greater than 100 bpm,
 - increased hand tremor,
 - insomnia,
 - nausea or vomiting,
 - transient visual,
 - tactile or auditory hallucinations or illusions,
 - psychomotor agitation,
 - anxiety,
 - Grand mal seizures.

Benzodiazepine prophylaxis and treatment

Mild Symptoms (CIWA-Ar less than or equal to 8)	No treatment. Reassess patient every 6hrs or as symptoms present and document score. Once CIWA-Ar score is less than 8 for 72hrs, contact provider to discontinue protocol.
Moderate Symptoms (CIWA-Ar 9-15)	Recommend Lorazepam 1mg IVPush q2h PRN MAX daily dose. Contact provider for order. If this dose is ordered, reassess patient in 2 hours or more frequently. Contact provider if patient worsens and/or to provide update on patient status. Consider transfer to intermediate care
Severe Symptoms (CIWA-Ar greater than 15)	Recommend Lorazepam 2mg IVPush q1h PRN MAX daily dose 24mg/24hrs. Contact provider for order. If this dose is ordered, reassess patient in 1 hr or more frequently. Contact provider if patient worsens and/or to provide update on patient status. Consider transfer to ICU for closer monitoring and notify RRT

Source: Surgery Department

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