



## 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
- If ethanol drip is ordered, initiate 10% ethanol drip at 0.4 ml/kg/hr using **ideal body weight**.  
**\*\*\*Do not hold or discontinue ethanol drip for diagnostic or operative procedures\*\*\***
- The alcohol infusion is appropriate for patients admitted to a floor status level of care.
- 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 ONLY prophylaxis and treatment**

<b>Mild Symptoms (CIWA-Ar less than or equal to 8)</b>	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.
<b>Moderate Symptoms (CIWA-Ar 9-15)</b>	Lorazepam 1mg IVPush q2h PRN MAX daily dose, 24mg/24hrs. Reassess patient in 2 hours and treat based on CIWA-Ar Score.  <b>Consider transfer to intermediate care</b>
<b>Severe Symptoms (CIWA-Ar greater than 15)</b>	Lorazepam 2mg IVPush q1h PRN MAX daily dose, 24mg/24hrs. Reassess patient in 1 hrs and treat based on CIWA-Ar Score.  <b>Consider transfer to ICU for closer monitoring and notify RRT</b>

**Ethanol drip AND benzodiazepine comprehensive prophylaxis and treatment**

<b>Mild Symptoms (CIWA-Ar less than or equal to 8)</b>	Initiate 10% ethanol drip at 0.4 mL/kg/hr using <b>ideal body weight</b> . Reassess patient every 6hrs or as symptoms present and document score. Once CIWA-Ar score is less than 8 for 24 hrs, follow ethanol drip discontinuation instructions listed below.
<b>Moderate Symptoms (CIWA-Ar 9-15)</b>	Lorazepam 1mg IVPush q2h PRN MAX daily dose, 24mg/24hrs. Reassess patient in 2 hours and treat based on CIWA-Ar Score. Maintain ethanol drip at current rate.  <b>Consider transfer to intermediate care.</b>
<b>Severe Symptoms (CIWA-Ar greater than 15)</b>	Increase ethanol drip rate by 50%.  Lorazepam 2mg IVPush q1h PRN MAX daily dose, 24mg/24hrs. Reassess patient in 1 hrs and treat based on CIWA-Ar Score.  <b>Consider transfer to ICU for closer monitoring and notify RRT</b>

Ethanol drip discontinuation instructions:

- If patient has a CIWA-Ar score of less than or equal to 8 for 24hrs:
  - after 24 hours from start, decrease rate by 20%
  - after 48 hours from start, decrease rate further by 50%
  - after 72 hours from start, decrease rate further by 50%
  - after 84 hours from start, discontinue infusion