Appendix 1 Acute Alcohol Withdrawal Management Pathway

Name of patient:						
Hospital no:			DOB:			
Health Professional Name:			Date:			
		Aı	udit C (Box 1	1)		
Questions	$\overline{\Box}$		Scoring Sy			Score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when are you drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Do you think this patie		Yes				No action
Pre withPreAU	esents with hdrawal se evious agit JDIT C > 1	itated delirium 10	f previous		Audi	
NO GN	MAWS > 8			YES	GMA	ws
Symptom triggered			Sympt	tom Triggered A	AND Fixed D	ose
 PRN dose of Chlordiazepoxide/ Oxaze 40mg. Consider IV Vitamin B &C High Poten malnourished patients. Nurse / clinician start GMAWS Chart 	•	+ p + l un	prn dose 10-30 IV Vitamin B & nless discharge	ng Chlordiazepo: 0mg chlordiazep & C High Potency ed earlier. start GMAWS ch	poxide/ Oxaze y 2 pairs TDS	epam

Refer to your hospital alcohol team via care flow connect – Inpatient referrals

Please consult inpatient policy 'Acute Alcohol Withdrawal: management for adults' for further advice and Alcohol teams contact details.

Glasgow Modified Alcohol Withdrawal Scale (GMAWS) Treatment Option:	l Withdrawal Sca	ile (GMAWS) Trea	atment Option:	GMAWS ONLY (lower risk)	GMAWS & Fixed Dose (higher risk)
Date					
Time					
Tremor					Please prescribe Oxazepam in patients
No Tremor= 0					history of (or suspected) Alcohol related
On movement =1 At rest =2					Liver Disease, as it has a shorter half – life
Sweating					and less hepatic metabolism than
No sweat visible =0					chlordiazepoxide.
Moist =1 Drenching sweats =2					General principles for prescribing
Hallucination					benzodiazepines in elderly, is to prescribe
Not present =0					half the adult dose, and if required, increase
Dissuadable =1 Not dissuadable =2					ure une in between doses.
Orientation					Maximum recommended dose of
Orientated =0					chlordiazepoxide/ Oxazepam is 250mg in
Vague, detached =1					24hours, including fixed dose regime. In
contact =2					extreme cases of AWS higher than BNF
Agitation					doses may be required and must be given
Calm =0					under senior physician instruction, NEWS to
Anxious =1 Panicky =2					be observed as per trust guidelines
Score					Co -existing illness may affect score: seek
Treatment					
Staff signature					
Donost Score in 2 hours (Discontinuo servina Offer scorina O	(Picos etialiacosid)) actions of the k	iacood evitudeadoo l	Anish tack conia arrived 48 heart agold it moodes	Acia Co

Score 0 -Repeat Score in 2 hours (Discontinue scoring after scoring 0 on 4 consecutive occasions, except if less than 48 hours since last drink)

Score 1-3: Give 20mg Chlordiazepoxide (or 20mg Oxazepam) repeat GMAWS in 4 hours

Score 4-8: Give 30mg Chlordiazepoxide (or 30mg Oxazepam) repeat GMAWS in 2 hours

Score 9-10: Give 40mg Chlordiazepoxide (or 40mg Oxazepam) repeat GMAWS in 1 hour & contact doctor

THIS IS NOT A PRESCRIPTION: All Chlordiazepoxide/ Oxazepam must be prescribed and signed for on a prescription chart

All patients should have regular observations documented. Patients receiving high doses of Chlordiazepoxide should be assessed for over sedation. Regular EWS - Frequency 1-4 hours. (GCS)

Respiration rate, Oxygen sat*, Pulse, Blood Pressure)