

Always follow local hospital guidelines

Alcohol Withdrawal symptoms

- Anxiety / Agitation
- Nausea / Vomiting
- Sweating
- Tremor

- Fever (no infection)
- Hypertension
- Tachycardia
- Tachypnoea

Assess patient potential withdrawal symptoms



CIWA-Ar scoring system

Delerium Tremens

Normally occurs 24-72 hours after alcohol withdrawal

Symptoms differ from withdrawal in that there are signs of **altered mental status** and potential **seizures**



- Hallucinations
- Delirium
- Convulsions
- Severe agitation
- Ataxia

If you are concerned regarding possible **Delerium Tremens** contact your **Senior** immediately

Benzodiazepine Dosing

Many hospitals use **Chlordiazepoxide** or **Diazepam**

Elderly patients or those with **Liver Impairment** - consider shorter acting Benzodiazepine such as **Lorazepam**

- check BNF regarding eGFR

1mg Lorazepam = 8mg Diazepam = 25mg Chlordiazepoxide
*approximate

There are 2 types of commonly used dosing regimens:

- **Symptom Triggered**
- Combined **Fixed** and **Symptom Triggered**

COMBINED

SYMPTOM TRIGGERED

Regular Benzodiazepine dose based on usual alcohol intake

Gradually reducing dose generally over 5 days

Further PRN dose based on withdrawal symptoms

PRN Benzodiazepine dose based solely on withdrawal symptoms

Withdrawal symptoms assessed using **CIWA-Ar** and **Physical observations (HR & BP)**

The specific Benzodiazepine dosing regimen, frequency of CIWA-Ar scoring and physical observations varies between hospitals. **Always consult and follow local hospital policy**

Always monitor for over-sedation
Contact your Senior if concerned

Vitamin Supplementation

Patient known or suspected alcohol misuse

Patient with symptoms of Wernicke's Encephalopathy*

2 pair IV Pabrinex TDS

Once completed

Thiamine 100mg TDS

See local policy for duration of initial Pabrinex IV and Thiamine +/- Vitamin B Co strong

*Wernicke's Encephalopathy signs / symptoms:

- Ataxia
- Confusion
- 6th cranial nerve Ophthalmoplegia affecting lateral rectus muscles (lateral nystagmus)
- Hypothermia and hypotension
- Memory disturbance

If you suspect your patient may have **Wernicke's Encephalopathy** contact your **Senior**