RETU Alcohol or Sedative Intoxication Pathway

Required testing prior to RETU admission

- Serum EtOH level
- Blood glucose level
- Assessment of co-ingestion



Evaluation

Not appropriate for RETU

- Severe alcohol or sedative withdrawal as indicated by 1 or more of the following:

- withdrawal not responding to treatment

RETU Intake Evaluation

Exam Focus

- Neuro/Mental status
- Cardiac
- GI

Initial Testing

- Labs: CBC, BMP, LFTs, Mg, EtOH level, urine tox (as indicated)
- CIWA-Ar score
- EKG
- Imaging: CTH (as indicated)

Monitoring

- Continuous telemetry (as indicated)
- Continuous oximetry (as indicated)
- Monitor for signs of withdrawal · Monitor mental status

Consults

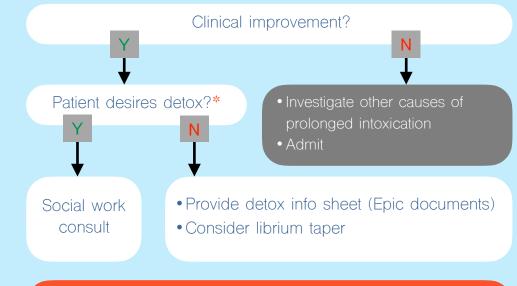
(as indicated)

- · Social work consult
- Psychiatry consult

RETU Treatment / Evaluation

Treatment

- IV fluids: Isolyte or D5 1/2NS
- Deploy CIWA Orderset
- - -Magnesium IVPB
 - -Potassium chloride IV/PO
- Thiamine 100mg IV/PO
- Folic acid 1mg PO



*Engage SW early for those interested in detox,

Discharge from RETU

- Withdrawal symptoms absent or manageable
- Metabolic abnormalities (electrolyte abnormality, dehydration) absent
- No functional status impairment
- Psych stable (no hallucinations, SI or HI)

Disposition Guidelines

Admission to Hospital

- · Deterioration of condition
- Evidence of lethal co-ingestant
- Severe withdrawal despite treatment
- Unstable vitals