Adult Alcohol Withdrawal Protocol with CIWA-Ar

I. Exclusion Criteria for Symptom-Triggered Benzodiazepine Protocol

A. Patient has had no alcohol consumption in the last 7 days
B. Patient cannot / unable to answer questions
C. Patient in active delirium tremens (DTs) and/or CIWA-Ar is greater than or equal to 17 on first assessment
D. Patient has seizure on this admission from alcohol withdrawal

II. Initiate CIWA-Ar monitoring

A. Triggers to initiate
    i. Provider clinical judgment
    ii. Nurse clinical judgment
    iii. CAGE score greater than 2
B. RN or MD will enter "CIWA-Ar Monitoring" order panel which includes orders to:
    i. If CIWA-Ar score is less than or equal to 7, monitor CIWA-Ar q 4 hours
    ii. Contact physician if CIWA-Ar score is 8 or greater to enter order for "Symptom-Triggered Benzodiazepine Protocol". Follow protocol for monitoring.
    iii. Contact physician if CIWA-Ar score of 8 or greater for four or more hours to move patient to appropriate level of critical care (ICU or IMU)

III. Initiate Symptom-Triggered Benzodiazepine Protocol

A. Provider will enter order set which includes orders:
    i. To discontinue all pre-existing benzodiazepines and phenobarbital orders
    ii. Hold benzodiazepines and contact physician for:
        1. BP < 90 mm Hg (Systolic)
        2. RR < 8 breaths per minute
        3. SpO2< 93
        4. Patient unresponsive (RASS score -3 to -5)
    iii. Contact physician if HR greater than 110 per minute, SBP greater than 160 mmHg or DBP greater than 100 mmHg after 10 minutes of administering lorazepam
B. Contact physician if greater than 8 mg is administered within 4 hours
C. Protocol only for non-mechanically ventilated patients
D. May be ordered IV or IM if no IV access available
E. Dose and frequency of monitoring based on CIWA-Ar score

CIWA-Ar score	**Lorazepam dose**	**Reassessment Time**
0-7	None	2 hours
8-10	1 mg	1 hour
11-13	2 mg	1 hour
14-16	3 mg	1 hour
17 or more	4 mg	Every 30 minutes, for up to 2 hours, then call provider to consider lorazepam infusion

IV. ***Lorazepam Infusion***

A. Patient should be in ICU or <u>on ICU status</u> or in ED under ICU monitoring status

B. Patient may be candidate for infusion if administered a total of lorazepam 16mg over two hours and CIWA-Ar score is still greater than or equal to 17
C. MD is notified to assess patient and documents the need for lorazepam drip.
D. Check serum osmolality daily while patient on lorazepam drip AND call MD if greater than 320mOsm/kg
E. Maximum lorazepam infusion dose is 20 mg/hr. Consider adjunct medications if max dose is required to control symptoms of withdrawal

CIWA-Ar score	Lorazepam Infusion	Reassessment Time
Greater than or equal to 17	Initiate drip at 6 mg/hr Bolus 4 mg for every CIWA-Ar score greater than or equal to 17 Increase dose by 2 mg/hr if CIWA-Ar remains greater than or equal to 17 after 4 hours	CIWA-Ar assessment: every 30 minutes Bolus: every 30 minutes Increase drip rate: every 4 hours as needed
8-16	Continue drip at current rate Do not increase dose unless CIWA-Ar score is greater than or equal to 17 for 4 hours	Reassess CIWA-Ar every 1 hour
Less than or equal to 7	Decrease dose by 2 mg/hr every 2 hours if CIWA-Ar score is less than or equal to 7 When drip is titrated off contact physician to enter order for symptom-triggered benzodiazepine dosing	Reassess CIWA-Ar every 1 hour Continue on symptom-triggered benzodiazepine protocol

V. Alternative to Lorazepam Infusion: IP Stabilization for Severe Alcohol Withdrawal

A. See ED Stabilization Protocol for Severe Alcohol Withdrawal/DTs

VI. Vitamins/Mineral Supplementation (give IV if unable to take PO or vomiting)

A. Thiamine 100 mg PO or IV daily for three days
B. Folic Acid 1 mg PO or IV daily for three days
C. Multivitamin 1 tab PO daily for three days

VII. Additional PRN Medications to Consider

A. Haloperidol 2.5mg IV/IM q 2 hours prn agitation. Maximum 40mg/24 hrs from ALL routes.
    i. Must have recent ECG
    ii. Do not use if QTc > 500
    iii. If baseline QTc is prolonged, but <500, recommend monitoring QTc daily after haloperidol administration.
    iv. Ensure recent electrolytes within normal limits including magnesium