





Adult Alcohol Withdrawal Protocol with CIWA-Ar

Physician Alcohol Withdrawal Guideline: Symptom-Triggered Management

- I. Patient should be in Intensive or Intermediate Care Units
- II. Exclusion Criteria
 - No history of recent alcohol intake in the last 7 days
 - Cannot or unable to answer questions
 - Actively in delirium tremens (DTs) and/or CIWA-Ar ≥ 17 on first assessment \rightarrow use DT's protocol / order set
 - Seizure on this admission from alcohol withdrawal \rightarrow use DT's protocol / order set
- III. PHARMACY order to discontinue all pre-existing orders for benzodiazepines and phenobarbital.
- IV. Order one of the following nurse-driven dosing protocols using designated order sets:
 - Benzodiazepine dosing protocol is based on the CIWA-Ar if symptomatic from alcohol withdrawal.
 - This protocol is only indicated in NON mechanically ventilated patients

Symptom-Triggered Dosing (PO or IV - IM if no IV access) Using CIWA-AR Score

CIWA-Ar Withdrawal 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	30 min for up to 2 hours then consider lorazepam infusion

- Lorazepam drip can be ordered if:
 - i. If patient received total of 16mg over two hours and CIWA-Ar score is still ≥ 17
 - ii. MD assesses patient and documents the need for lorazepam drip.
 - iii. Patient is on ICU status or is in the ED under monitoring status.
 - iv. Maximum lorazepam infusion rate is 20mg/hr. Consider adjunct medications if max dose is required to control symptoms of withdrawal.
 - v. Check serum osmolality daily while patient on Idrip. Nurse to call MD if $> 320\text{mOsm/kg}$.

Lorazepam Continuous Infusion Using CIWA-AR Score

CIWA-Ar Score	Lorazepam Continuous Infusion Instructions	Assessment
≥ 17	Initiate drip at 6mg/hr Bolus 4mg for each CIWA-Ar score ≥ 17 Increase drip by 2mg/hr if CIWA-Ar score ≥ 17 after 4 hrs	CIWA-Ar Assessment: Q30 minutes Bolus: Q30 minutes Increase drip rate: Q4 hours as needed
8-16	Continue drip at current rate Do not increase unless CIWA-Ar score ≥ 17	Reassess CIWA-Ar Q1 hour
≤ 7	Decrease drip rate by 2mg/hr Q2 hours if CIWA-Ar score ≤ 7 When drip is titrated off continue with symptom-triggered dosing	Reassess CIWA-Ar Q1 hour

- V. Vitamins/Mineral Supplementation (give IV if unable to take PO or vomiting)
- ☐ Thiamine 100 mg PO or IV daily for three days
 - ☐ Folic Acid 1 mg PO or IV daily for three days
 - ☐ Multivitamin 1 tab PO daily for three days
- VI. Additional PRN Medications to Consider
- ☐ 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.

Other Nursing Orders:

- VII. Hold benzodiazepines and contact physician for:
- BP < 90 mm Hg (Systolic)
 - RR < 8 breaths per minute
 - SpO₂ < 93
 - Patient unresponsive (RASS score -3 to -5)
- VIII. Contact physician if:
- HR > 110 per minute or SBP > 160 mmHg or DBP of > 100 mmHg after 10 minutes of administering lorazepam



ED/IMCU/ICU Severe Alcohol Withdrawal/DTs Protocol

