

Objective Alcohol Withdrawal Scale (OAWS)

Site Applicability

SPH Acute Care

Practice Level

RN, RPN, Basic Skill

LPN (exception: LPNs may not administer IV direct medications)

Need to Know

- **Indication:** Patients admitted to hospital who require management of their alcohol withdrawal and **for whom the Clinical Institute Withdrawal Assessment for Alcohol, revised (CIWA-Ar) is determined not appropriate** by prescriber.
- The CIWA-Ar is commonly used to assess and guide treatment of acute alcohol withdrawal and determined to be reliable and valid in a healthy adult population. However, it is *heavily subjective*, only 3 of 10 components can be rated by observation alone. CIWA-Ar may not be appropriate when a language barrier exists, or when patients present with cognitive or physical concerns preventing discussion necessary for accurate scoring (e.g., delirium, dementia, psychosis).
- In these cases, the Addiction Medicine Consult Team (AMCT) may order **Objective Alcohol Withdrawal Scale (OAWS)**. It is intended as an approach to treatment that can be useful when validated protocols cannot be reliably applied. A patient will either be on CIWA-Ar ***OR*** OAWS – **not both at the same time and one cannot substitute for the other**.
- Orders will be **patient specific**, as prescribers may order different parameters for assessment dependent on the patient's clinical status, comorbidities and withdrawal severity. It is important that patients are scored **only on the parameters specified by AMCT**. The patients score will determine when to administer benzodiazepines based on prescriber orders.
- Nurses must review [B-00-13-10013](#) - Alcohol Withdrawal Protocol if unfamiliar with caring for patients in acute alcohol withdrawal.
- Seek assistance from the Addictions Medicine Consult Team (AMCT) Liaison Nurse and /or AMCT, Nurse Educator for Substance Use, Unit Nurse Educator or colleagues if unfamiliar with this protocol and/or require additional support.
- AMCT can be reached by phone between the hours of 0800 to 1700, 7 days a week via switchboard. Overnight AMCT can be accessed by calling cross-coverage or most responsible physician (MRP) and asking them to consult AMCT. The AMCT Liaison Nurse is available by phone 7 days a week between the hours of 0800 to 1600 at 236-818-3125.

Protocol

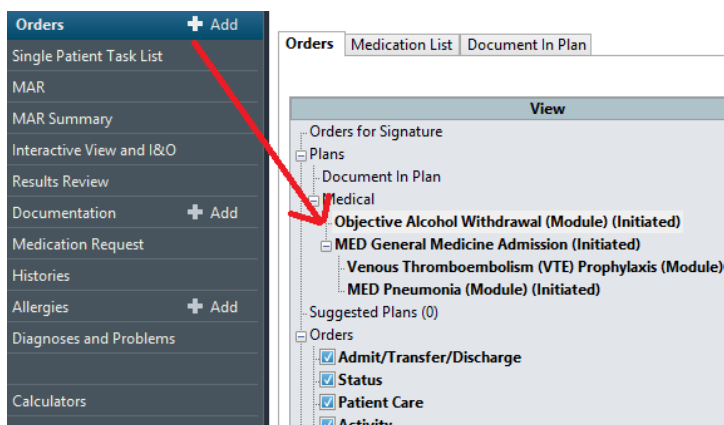
Prescriber Orders

- A PowerPlan will be completed by AMCT, or in consultation with AMCT only, and patients on this protocol will be closely monitored (see [Appendix A](#)).
- If the patient is on CIWA-Ar, the CIWA-Ar module is to be discontinued by the prescriber per the PowerPlan. Patients are meant to **be on one or the other (CIWA-Ar or OAWS), never both** at the same time.
- Benzodiazepine orders stop automatically after 96 hours. *If patient still exhibits signs of withdrawal after 96 hours after the PowerPlan was initiated or there are any other concerns, contact/consult AMCT or ACMT Liaison Nurse.*

Assessment

Review Prescriber orders

The best way to review and visualize all of the OAWS orders is by viewing the PowerPlan module itself, which is located in the “Orders” section under “Plans”:



Scoring Criteria

The prescriber will specify in the **PowerPlan module (order set)** which of the following patient-specific, objective parameters to assess for under “**Scoring Criteria**” (also found in the **Orders section of the chart under “Communication Orders”**):

- Heart rate greater than _____ bpm
- Systolic blood pressure (SBP) greater than _____ mmHg
- Tremor
- Diaphoresis
- Agitation
- Other _____ (*prescriber will indicate what exactly constitutes “other” in the order set*)

The parameters will be different for each patient. For example, in the PowerPlan module

below, the prescriber ordered a total of 3 scoring criteria/parameters: *Tremor*, *Diaphoresis*, and *Agitation*. There may be up to 6 scoring criteria.

Last updated on: 06-Dec-2019 11:53 PST by: Cyr, David, MD

Admit/Transfer/Discharge			
For use by the Addiction Medicine Consult Team or in consultation with Addiction Consult Team only			
Discontinue Alcohol Withdrawal Management (CIWA) (Module)			
Patient Care			
<input checked="" type="checkbox"/>	Objective Alcohol Withdrawal Assessment Scoring Cri...	Ordered	06-Dec-2019 12:00 PST, Tremor, Diaphoresis, Agitation
<input checked="" type="checkbox"/>	Objective Alcohol Withdrawal Assessment	Discontinued	06-Dec-2019 12:00 PST, Discontinued with score of 3 for 3 consecutive measures, then q8h for 24 hour, th...
<input checked="" type="checkbox"/>	Notify Treating Provider	Ordered	06-Dec-2019 11:52 PST, Nurse to contact MD if patient still has signs of withdrawal after 96 hours
<input checked="" type="checkbox"/>	Notify Treating Provider	Ordered	06-Dec-2019 12:00 PST, Nurse to contact MD if Objective Alcohol Withdrawal Assessment score is 3 for 3 conse...
<input checked="" type="checkbox"/>	Notify Treating Provider Vital Signs	Ordered	06-Dec-2019 11:52 PST, Stop: 06-Dec-2019 11:52 PST, Nurse to contact MD immediately when respiratory rate l...
Medications			
<input checked="" type="checkbox"/>	thiamine	Voided	100 mg, IV, TID, administer over: 30 minute, order duration: 3 day, drug form: inj, start: 06-Dec-2019 11:52 PST, ...
Vitamin B1. Whenever possible give before administration of IV dextrose or IV glucose to prevent exacerbation ...			
For patients at elevated risk for Wernicke's encephalopathy select higher dose of IV thiamine			

Prescribers can modify the objective findings of alcohol withdrawal to fit the clinical picture. As an example, in a patient with poorly controlled hypertension, blood pressure (BP) could be excluded as a parameter or a higher BP cutoff selected by the prescriber. Similarly, heart rate could be excluded as a scoring criterion for a patient with sepsis or tremor excluded for a patient with Parkinson's disease.

Scoring

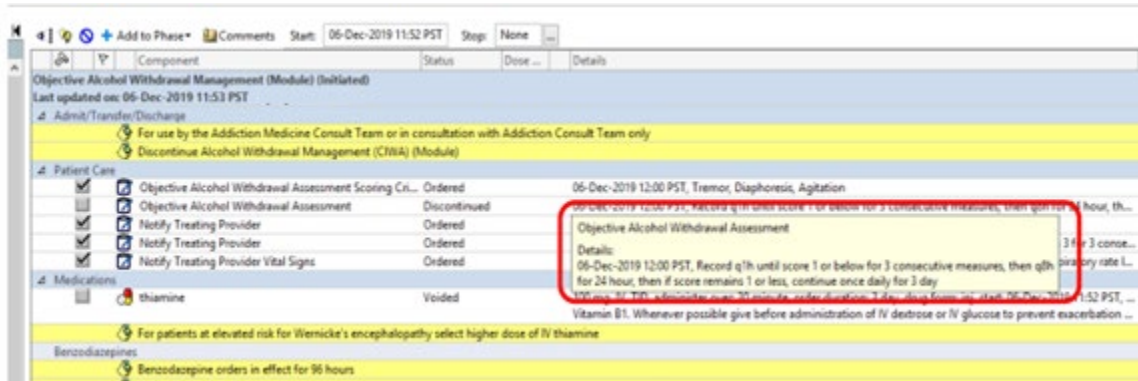
Each item to be assessed that is present receives a score of 1 ("Present"). If an item ordered to be assessed is not present, the score for that item is 0 ("Absent"). If a criteria is present but not ordered, the score for that item is 0 ("Present, but not ordered as scoring criterion"). Additional details in [Documentation](#) section below.

- Call AMCT/MRP if OAWS score is 4 or greater x 3 consecutive readings ***OR*** patient has seizures or hallucinations.

In the PowerPlan above, the maximum for score for that patient is 3 (i.e., if tremor, diaphoresis AND agitation are all present). If the prescriber ordered all scoring criteria/parameters to be assessed, the **maximum score would be 6**.

Assessment Frequency

- See **specific assessment orders** by hovering over the "Objective Alcohol Withdrawal Assessment" order comments **within the PowerPlan module** or in the Orders section of the chart under **"Patient Care"**.
- The OAWS assessment, including vital signs, must be done q1h until the score is at or below a certain number for three consecutive measures, then q8h for 24 hours. If score remains at or below a certain number, continue to assess once daily for 3 days. For example:



Component	Status	Details
Objective Alcohol Withdrawal Management (Module) (Initiated)		
Last updated on: 06-Dec-2019 11:53 PST		
Admit/Transfer/Discharge		
For use by the Addiction Medicine Consult Team or in consultation with Addiction Consult Team only		
Discontinue Alcohol Withdrawal Management (CWA) (Module)		
Patient Care		
Objective Alcohol Withdrawal Assessment Scoring Cr...	Ordered	06-Dec-2019 12:00 PST, Tremor, Diaphoresis, Agitation
Objective Alcohol Withdrawal Assessment	Discontinued	06-Dec-2019 12:00 PST, Record q1h until score 1 or below for 3 consecutive measures, then q4h for 24 hour, th...
Notify Treating Provider	Ordered	Objective Alcohol Withdrawal Assessment
Notify Treating Provider	Ordered	Details: 06-Dec-2019 12:00 PST, Record q1h until score 1 or below for 3 consecutive measures, then q4h for 24 hour, then if score remains 1 or less, continue once daily for 3 day
Notify Treating Provider Vital Signs	Ordered	06-Dec-2019 11:52 PST, ...
Medications		
thiamine	Voided	Vitamin B1. Whenever possible give before administration of IV dextrose or IV glucose to prevent exacerbation ...
For patients at elevated risk for Wernicke's encephalopathy select higher dose of IV thiamine		
Benzodiazepines		
Benzodiazepine orders in effect for 96 hours		

- If the patient is asleep, wake them up to assess as per frequency of assessment orders.

Interventions

Administer Medications

The second part of the PowerPlan contains orders for medication administration, including benzodiazepines (see [Appendix A](#)).

- Options are diazepam (PO or IV if NPO) or LORazepam (SL or IV if NPO), and the dosing guidelines will be determined by the prescriber
- The score range will be determined by how many assessment items are selected for scoring criteria and will be patient specific.

In the **PRN section of the Medication Administration Record (MAR)**, you can hover over the orders to see which order is for which score.

In the example below, the 1 mg LORazepam order is intended for a score of 2, and the 2 mg order is for a score of 3.

- **Hold benzodiazepines if respiratory rate is less than 8/min or SBP below 90 mmHg and notify physician immediately.**
- The medications in this PowerPlan are meant to be used in conjunction with the OAWS score and must correlate. For example, if the patient in this case complains of anxiety but their OAWS score is less than 2, do not administer the LORazepam.

LORazepam 1 mg, sublingual, q1h, PRN alcohol withdrawal, order duration: 96 hour, drug form: tab-sublingual, start: 06-Dec-2019 12:00 PST, stop: 10-Dec-2019 11:59 PST For Score 2. Hold if respiratory rate is less than 8/min or SBP below 90 mmHg				
LORazepam 1 mg, sublingual, q1h, PRN alcohol withdrawal, order duration: 96 hour, drug form: tab-sublingual, start: 06-Dec-2019 12:00 PST, stop: 10-Dec-2019 11:59 PST For Score 2. Hold if respiratory rate is less than 8/min or SBP below 90 mmHg				
LORazepam 0.5 mg, IV, q1h, PRN alcohol withdrawal, order duration: 96 hour, drug form: tab-sublingual, start: 06-Dec-2019 12:00 PST, stop: 10-Dec-2019 11:59 PST If NPO. For Score 2. Hold if respiratory rate is less than 8/min or SBP below 90 mmHg				
LORazepam 2 mg, sublingual, q1h, PRN alcohol withdrawal, order duration: 96 hour, drug form: tab-sublingual, start: 06-Dec-2019 12:00 PST, stop: 10-Dec-2019 11:59 PST For Score 3. Hold if respiratory rate less than 8/min or SBP below 90 mmHg				
LORazepam 2 mg, sublingual, q1h, PRN alcohol withdrawal, order duration: 96 hour, drug form: tab-sublingual, start: 06-Dec-2019 12:00 PST, stop: 10-Dec-2019 11:59 PST For Score 3. Hold if respiratory rate less than 8/min or SBP below 90 mmHg				

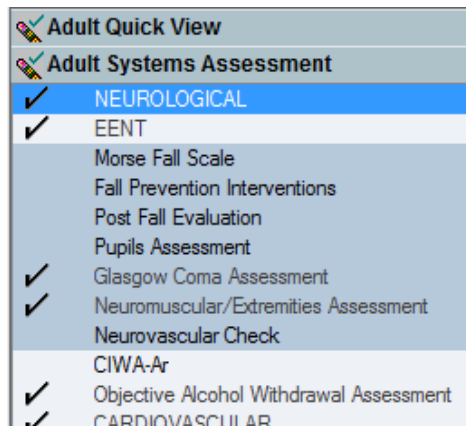
duration: 96 hour, drug form: inj, start: 06-Dec-2019 12:00 PST, stop: 10-Dec-2019 11:59 PST If NPO. For Score 2. Hold if respiratory rate is less than 8/min or SBP below 90 mmHg				
LORazepam 2 mg, sublingual, q1h, PRN alcohol withdrawal, order duration: 96 hour, drug form: tab-sublingual, start: 06-Dec-2019 12:00 PST, stop: 10-Dec-2019 11:59 PST For Score 3. Hold if respiratory rate less than 8/min or SBP below 90 mmHg				
LORazepam 2 mg, sublingual, q1h, PRN alcohol withdrawal, order duration: 96 hour, drug form: tab-sublingual, start: 06-Dec-2019 12:00 PST, stop: 10-Dec-2019 11:59 PST For Score 3. Hold if respiratory rate less than 8/min or SBP below 90 mmHg				
LORazepam 1 mg, IV, q1h, PRN alcohol withdrawal, order duration: 96 hour, drug form: tab-sublingual, start: 06-Dec-2019 12:00 PST, stop: 10-Dec-2019 11:59 PST If NPO. For Score 2. Hold if respiratory rate is less than 8/min or SBP below 90 mmHg				
LORazepam 1 mg, sublingual, q1h, PRN alcohol withdrawal, order duration: 2 day, drug form: tab-sublingual, start: 06-Dec-2019 12:00 PST, stop: 10-Dec-2019 11:59 PST For Score 2. Hold if respiratory rate is less than 8/min or SBP below 90 mmHg				

Prescribers can modify the OAWS by changing the cutoff for scores prompting doses of benzodiazepines to be administered. For example, if a patient is unwell or high risk for severe withdrawal, a liberal cutoff score for medication could be used to minimize underdosing (e.g., give meds if score 1-2). Alternatively, if there were concerns about [benzodiazepine toxicity](#), the cutoffs for medication administration may be higher (e.g., threshold/cutoff for giving meds would be 4 or higher).

Documentation

Interactive View and I&O

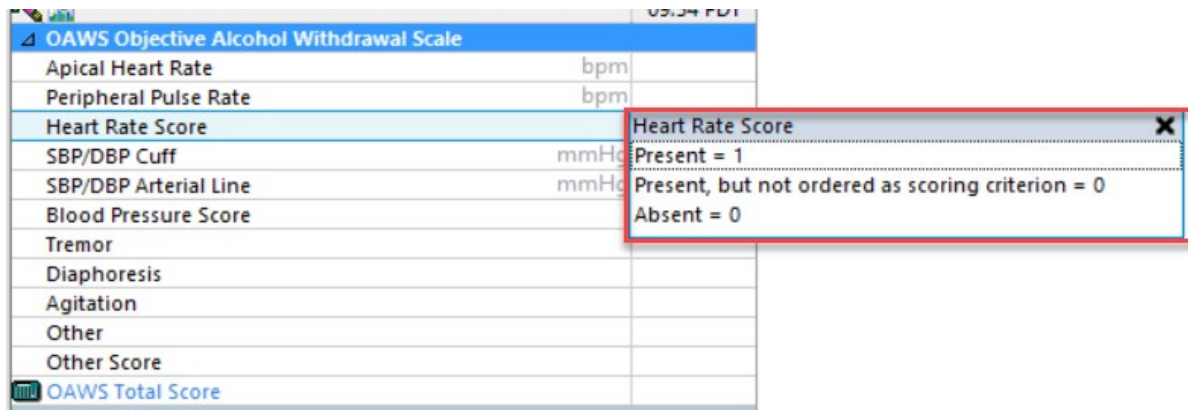
- Find the Objective Alcohol Withdrawal Assessment in under “Adult Systems Assessment” below CIWA-Ar. It will automatically be listed there if the person has had their vital signs already taken that day. For example:



If it is NOT there, then you will need to add it by customizing your view (see [Appendix B](#) for instructions)

- Documenting and calculating your score in Interactive View:**
 - Only document on Objective Alcohol Withdrawal Assessment**, not CIWA-Ar as well or in addition.

Note: In ED FirstNet, OAWS can be found in ED Adult Systems Assessment band right underneath the CIWA-Ar section.



- Assess and document “Present”, “Present, but not ordered as scoring criterion” or “Absent”.
- Only document on “Other” if the physician has indicated a specific scoring criteria for “other”. Do not add in symptoms (e.g., “headache” or “nausea”) unless identified by AMCT as monitoring criteria for “Other”.
- Document medication given on the MAR.

- Document all significant findings in a nursing narrative note: go to Documentation -> +Add -> under “*Type:”, select “Nursing Narrative Note”.
- Document patient/family education provided.

Patient and Family Education

Discuss treatment plans and goals of care with patient and family.

Related Documents

1. [B-00-13-10013](#) - Alcohol Withdrawal Protocol
2. [B-00-13-10059](#) - Least Restraint: Care of the Patient at Risk for or Requiring Restraint (Acute and Sub Acute Care)
3. [B-00-13-10081](#) - Close or Constant Care: Decision Making Process

References

1. Knight, E., & Lappalainen, L. (2017). Clinical Institute Withdrawal Assessment for Alcohol—Revised might be an unreliable tool in the management of alcohol withdrawal. *Canadian Family Physician*, 63(9), 691–695.

Definitions

Benzodiazepine toxicity: benzodiazepines taken in toxic doses; patients will primarily present with central nervous system depression ranging from mild drowsiness to a coma-like, stuporous state (severe toxicity and immediate airway management and mechanical ventilation may be required). Other symptoms may include slurred speech, ataxia, and altered mental status (see: <https://www.ncbi.nlm.nih.gov/books/NBK482238/>)

Appendices

[Appendix A:](#) Objective Alcohol Withdrawal Management (Module) PowerPlan

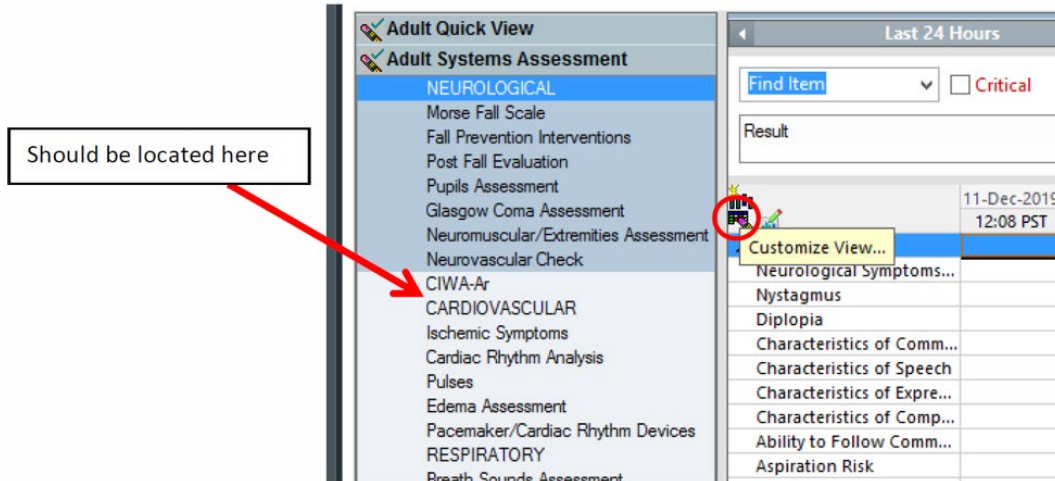
[Appendix B:](#) Instructions for Customizing View in PowerChart to include Objective Alcohol Withdrawal Assessment

Appendix A: Objective Alcohol Withdrawal Management (Module) PowerPlan (*parameters not specified*)

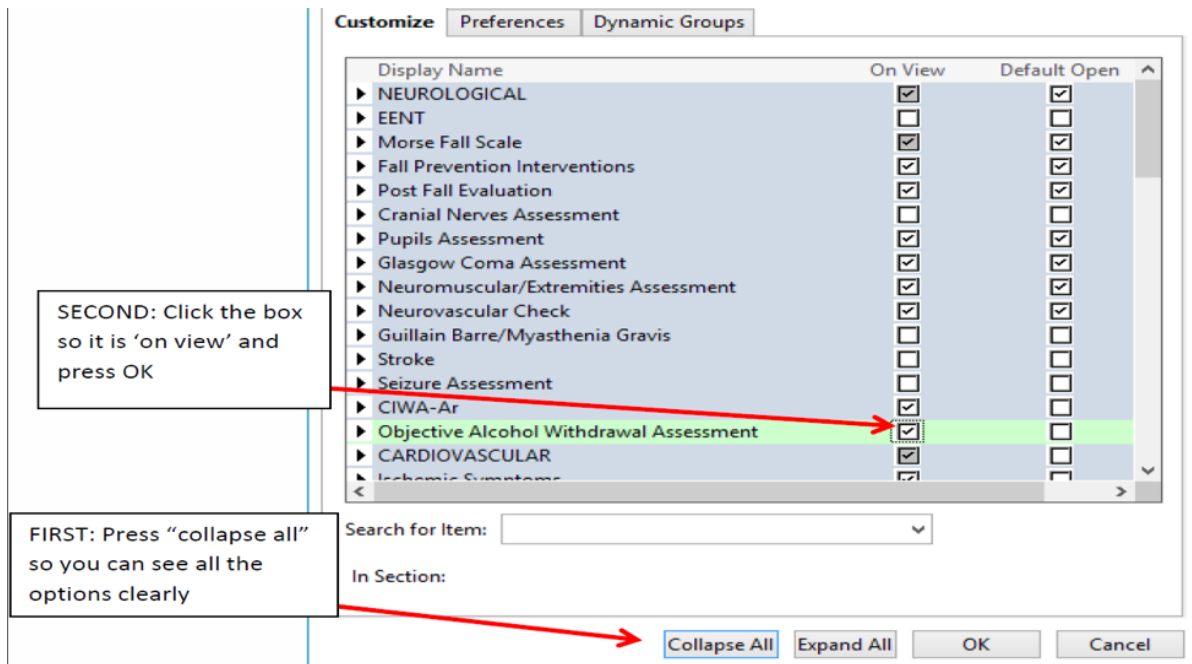
Offset	Component	Status	Dose ...	Details
Objective Alcohol Withdrawal Management (Module) (Planned Pending)				
Admit/Transfer/Discharge				
For use by the Addiction Medicine Consult Team or in consultation with Addiction Consult Team only				
Discontinue Alcohol Withdrawal Management (CIWA) (Module)				
Patient Care				
<input checked="" type="checkbox"/>	Objective Alcohol Withdrawal Assessment Scoring Cn...			Record q1h until score 2 or below for 3 consecutive measures, then q8h for 24 hour, then if score remains 1 or less, continue once daily for 3 day
<input checked="" type="checkbox"/>	Objective Alcohol Withdrawal Assessment			Nurse to contact MD if patient still has signs of withdrawal after 96 hours
<input checked="" type="checkbox"/>	Notify Treating Provider			Nurse to contact MD if Objective Alcohol Withdrawal Assessment score is 4 or greater for 3 consecutive readings or when patient has seizures or hallucinations
<input checked="" type="checkbox"/>	Notify Treating Provider Vital Signs			Nurse to contact MD immediately when respiratory rate less than 8/min or SBP below 90 mmHg
Medications				
<input type="checkbox"/>	multivitamin with minerals (multivitamins-minerals tab (CENTRUM FORTE EQUIV) tab)			1 tab, PO, qdaily, drug form: tab
<input type="checkbox"/>	magnesium sulfate			5 g, IV, qdaily, order duration: 3 day, drug form: inj
<input type="checkbox"/>	thiamine			100 mg, IV, TID, order duration: 3 day, drug form: inj
For patients at elevated risk for Wernicke's encephalopathy select higher dose of IV thiamine				
<input type="checkbox"/>	thiamine			500 mg, IV, TID, order duration: 2 day, drug form: inj
<input type="checkbox"/>	+2 day thiamine			200 mg, IV, qdaily, order duration: 5 day, drug form: inj
<input type="checkbox"/>	+7 day thiamine			100 mg, PO, qdaily, order duration: 7 day, drug form: tab
Benzodiazepines				
Benzodiazepine orders in effect for 96 hours				
Select Option A or B				
Option A				
Avoid diazepam in patients who are elderly, or have severe liver or respiratory disease				
Modify Order Comment to enter Objective Alcohol Withdrawal Score				
<input type="checkbox"/>	diazepam			10 mg, PO, q1h, PRN alcohol withdrawal, order duration: 96 hour, drug form: tab
<input type="checkbox"/>	diazepam			For Score ____ to ____ . Hold if respiratory rate is less than 8/min or SBP below 90 mmHg
<input type="checkbox"/>	diazepam			5 mg, IV, q1h, PRN alcohol withdrawal, order duration: 96 hour, drug form: inj
<input type="checkbox"/>	diazepam			If NPO. For Score ____ to ____ . Hold if respiratory rate is less than 8/min or SBP below 90 mmHg
<input type="checkbox"/>	diazepam			20 mg, PO, q1h, PRN alcohol withdrawal, order duration: 96 hour, drug form: tab
<input type="checkbox"/>	diazepam			For Score ____ or greater. Hold if respiratory rate less than 8/min or SBP below 90 mmHg
<input type="checkbox"/>	diazepam			10 mg, IV, q1h, PRN alcohol withdrawal, order duration: 96 hour, drug form: inj
<input type="checkbox"/>	diazepam			If NPO For Score ____ or greater. Hold if respiratory rate is less than 8/min or SBP below 90 mmHg
Option B				
Consider LORazepam for elderly patients or those with severe liver or respiratory disease				
Modify Order Comment to enter Objective Alcohol Withdrawal Score				
<input type="checkbox"/>	LORazepam			1 mg, sublingual, q1h, PRN alcohol withdrawal, order duration: 96 hour, drug form: tab-sublingual
<input type="checkbox"/>	LORazepam			For Score ____ to ____ . Hold if respiratory rate is less than 8/min or SBP below 90 mmHg
<input type="checkbox"/>	LORazepam			0.5 mg, IV, q1h, PRN alcohol withdrawal, order duration: 96 hour, drug form: inj
<input type="checkbox"/>	LORazepam			If NPO. For Score ____ to ____ . Hold if respiratory rate is less than 8/min or SBP below 90 mmHg
<input type="checkbox"/>	LORazepam			2 mg, sublingual, q1h, PRN alcohol withdrawal, order duration: 96 hour, drug form: tab-sublingual
<input type="checkbox"/>	LORazepam			For Score ____ or greater. Hold if respiratory rate less than 8/min or SBP below 90 mmHg
<input type="checkbox"/>	LORazepam			1 mg, IV, q1h, PRN alcohol withdrawal, order duration: 96 hour, drug form: inj
<input type="checkbox"/>	LORazepam			If NPO. For Score ____ or greater. Hold if respiratory rate less than 8/min or SBP below 90 mmHg
Laboratory				
<input type="checkbox"/>	Liver Panel (Bilirubin Total, ALP, Alb, ALT, GGT)			Blood, Urgent, Collection: T;N, once
<input type="checkbox"/>	Aspartate Aminotransferase (AST)			Blood, Urgent, Collection: T;N, once
<input type="checkbox"/>	INR			Blood, Urgent, Collection: T;N, once

Appendix B: Instructions for Customizing View in PowerChart to include Objective Alcohol Withdrawal Assessment

1. Click "Customize View..."



2. Select "Collapse All" then click the box next to "Objective Alcohol Withdrawal Assessment" and then press "OK"



Persons/Groups Consulted:

Nurse Educator Urban Health

Nurse Educator/Clinical Nurse Specialist Medicine

Nurse Educator, SPH ED

Practice Consultants, Professional Practice

Addiction Medicine Consult Team Physicians

Developed By:

Clinical Nurse Specialist, Substance Use

Revised By:

Nurse Educator Substance Use Disorders

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Approved By:	PHC
	Professional Practice Standards Committee
Owners:	PHC
	Urban Health