



**ALCOHOL WITHDRAWAL
PROTOCOL**

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IMPRINT PATIENT PLATE WITHIN THIS BOX

FAX ORDERS TO PHARMACY ASAP

ALCOHOL WITHDRAWAL PROTOCOL

Routine assessment for signs and symptoms of Alcohol Withdrawal Syndrome

Nursing to assess vital signs and CIWA-Ar Score at baseline and every 4 hours while awake, every 6 hours while sleeping.

Initiate Pharmacotherapy

1. Give initial Ativan dose based on CIWA-AR Score and **Schedule A**. Doses of Ativan may be administered IV, IM or PO at the nurse's discretion.
2. Reassess score 30 - 60 minutes after administering the initial dose.

If score is less than or equal to 7, resume routine assessments and Ativan dosing based on **Schedule A**.

If score is greater than or equal to 8 and no contraindications to Ativan are present (i.e. hypotension, respiratory depression), give a repeat dose of Ativan based on **Schedule A**.

If contraindications to Ativan are present, contact the ordering physician. **CAUTION:** The use of Romazicon (Flumazenil) to reverse Ativan should generally be avoided in patients withdrawing from alcohol because it can precipitate withdrawal and seizures. The use of other benzodiazepines or opiates in combination with Ativan may result in additive side effects (i.e. increased sedation, respiratory depression).

3. Reassess score 30 - 60 minutes after repeat dose.
If score is ≤ 7 , resume routine assessments and Ativan dosing based on **Schedule A**.
If score continues to be ≥ 8 for 1 - 2 hours despite dosing on Schedule A, give dose of Ativan based on **Schedule B**. Once on Schedule B, stay on Schedule B.
4. Reassess score 30 - 60 minutes after administering the initial dose on Schedule B.
If score is ≤ 7 , resume routine assessments and Ativan dosing based on **Schedule B**.
If score is ≥ 8 and no contraindications to Ativan are present (i.e. hypotension, respiratory depression), give repeat dose of Ativan based on **Schedule B**.
5. Reassess score 30 - 60 minutes after repeat dose.
If score is less than or equal to 7, resume routine assessments and Ativan dosing based on **Schedule B**.
If score continues to be ≥ 8 for 1 - 2 hours despite dosing on Schedule B, contact the ordering physician.
6. **Once 48 hours have passed since the patient's last drink, and their score remains < 8 for 24 consecutive hours, discontinue CIWA-Ar assessments and notify ordering physician to discontinue the Ativan.**

| CIWA-Ar Score | Schedule A ATIVAN (Lorazepam) | Schedule B ATIVAN (Lorazepam) |
|-----------------------------|-------------------------------|-------------------------------|
| Less than or Equal to 7 | None | None |
| 8-10 | 1mg. | 2mg. |
| 11 -13 | 2mg. | 3mg. |
| 14 -16 | 3mg. | 4mg. |
| Greater than or Equal to 17 | 4mg. | 5mg. |

PHYSICIAN SIGNATURE

DATE / TIME



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| | |
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| <p>NAUSEA AND VOMITING Ask "Do you feel sick to your stomach? Have you vomited?" Observation</p> <p>0 No nausea and no vomiting 1 2 3 4 Intermittent nausea with dry heaves 5 6 7 Constant nausea, frequent dry heaves and vomiting</p> | <p>TACTILE DISTURBANCES Ask "Have you any itching, pins and needle sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?" Observation</p> <p>0 None 1 Very mild itching, pins and needles, burning or numbness 2 Mild itching, pins and needles, burning or numbness 3 Moderate itching, pins and needles, burning or numbness 4 Moderately severe hallucinations 5 Severe hallucinations 6 Extremely severe hallucinations 7 Continuous hallucinations</p> |
| <p>TREMOR Arms extended and fingers spread apart Observation</p> <p>0 Notremor 1 Not visible, but can be felt fingertip to fingertip 2 3 4 Moderate, with patient's arms extended 5 6 7 Severe, even with arms not extended</p> | <p>AUDITORY DISTURBANCES Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?" Observation</p> <p>0 Not present 1 Very mild harshness or ability to frighten 2 Mild harshness or ability to frighten 3 Moderate harshness or ability to frighten 4 Moderately severe hallucinations 5 Severe hallucinations 6 Extremely severe hallucinations 7 Continuous hallucinations</p> |
| <p>PAROXYSMAL SWEATS Observation</p> <p>0 No sweat visible 1 Barely perceptible sweating, 2 3 4 Beads of sweat obvious 5 6 7 Drenching sweats</p> | <p>VISUAL DISTURBANCES Ask "Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?" Observation</p> <p>0 Not present 1 Very mild sensitivity 2 Mild sensitivity 3 Moderate sensitivity 4 Moderately severe hallucinations 5 Severe hallucinations 6 Extremely severe hallucinations 7 Continuous hallucinations</p> |
| <p>ANXIETY Ask "Do you feel nervous?" Observation</p> <p>0 No anxiety, at ease 1 Mildly anxious 2 3 4 Moderately anxious, or guarded, so anxiety is inferred 5 6 7 Equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions</p> | <p>HEADACHE, FULLNESS IN HEAD Ask " Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness. Otherwise, rate severity.</p> <p>0 Not present 1 Very mild 2 Mild 3 Moderate 4 Moderate severe 5 Severe 6 Very severe 7 Extremely severe</p> |
| <p>AGITATION Observation</p> <p>0 Normal activity 1 Somewhat more than normal activity 2 3 4 Moderately fidgety and restless 5 6 7 Paces back and forth during most of the interview, or constantly thrashes about</p> | <p>ORIENTATION AND CLOUDING OF SENSORIUM Ask "What day is this? Where are you? Who am I?"</p> <p>0 Oriented and can do serial additions 1 Cannot do serial additions or is uncertain about date 2 Disoriented for date by no more than 2 calendar days 3 Disoriented for date by more than 2 calendar days 4 Disoriented for place/or person</p> |

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