



PHYSICIAN'S ORDER SHEET  
**STANDING ORDERS FOR:**  
**INTENSIVE CARE UNIT**

Page 1 of 2

Check here if STAT medications ordered

ANOTHER BRAND OF GENERICALLY EQUIVALENT PRODUCT, APPROVED BY THE PHARMACY AND THERAPEUTICS COMMITTEE, MAY BE ADMINISTERED UNLESS (SPECIFIC) IS WRITTEN AFTER THE MEDICATION ORDER.

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

If score continues to be greater than or equal to 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 less than or equal to 7, resume routine assessments and Ativan dosing based on **Schedule B**.

If score is greater than or equal to 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 greater than or equal to 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 less than 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	1 mg.	2 mg.
11 - 13	2 mg.	3 mg.
14 - 16	3 mg.	4 mg.
Greater than or Equal to 17	4 mg.	5 mg.

CONFIDENTIAL INFORMATION

CONFIDENTIAL INFORMATION

**NAUSEA AND VOMITING**

Ask "Do you feel sick to your stomach? Have you vomited?"

Observation

- 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
- 

**TREMOR**

Arms extended and fingers spread apart

Observation

- 0 No tremor
  - 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
- 

**PAROXYSMAL SWEATS**

Observation

- 0 No sweat visible
  - 1 Barely perceptible sweating, palms moist
  - 2
  - 3
  - 4 Beads of sweat obvious on forehead
  - 5
  - 6
  - 7 Drenching sweats
- 

**ANXIETY**

Ask "Do you feel nervous?"

Observation

- 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
- 

**AGITATION**

Observation

- 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
- 

**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

- 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
- 

**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

- 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
- 

**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

- 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
- 

**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.

- 0 Not present
  - 1 Very mild
  - 2 Mild
  - 3 Moderate
  - 4 Moderate severe
  - 5 Severe
  - 6 Very severe
  - 7 Extremely severe
- 

**ORIENTATION AND CLOUDING OF SENSORIUM**

Ask "What day is this? Where are you? Who am I?"

- 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
-



**PHYSICIAN'S ORDER SHEET**  
**STANDING ORDERS FOR:**  
**INTENSIVE CARE UNIT**

Page 2 of 2

Check here if STAT medications ordered

ANOTHER BRAND OF GENERICALLY EQUIVALENT PRODUCT, APPROVED BY THE PHARMACY AND THERAPEUTICS COMMITTEE, MAY BE ADMINISTERED UNLESS (SPECIFIC) IS WRITTEN AFTER THE MEDICATION ORDER.

CONFIDENTIAL INFORMATION

**Administer Thiamine either before or concurrently with any dextrose containing fluid**

IV fluid \_\_\_\_\_ at \_\_\_\_\_ ml per hour.  
*(D5NS is recommended as an initial IV fluid unless the patient is hypernatremic. If the patient is hypernatremic, then consider D5 1/2NS.)*

**Banana Bag**

(if not already given) mix the indicated additives below with 1 liter of the above fluid x 1 dose

- Multivitamin 1 vial IV
- Thiamine 100 mg. IV
- Folic Acid 1 mg. IV
- Magnesium Sulfate \_\_\_\_\_ grams IV
  - 2 grams (16 mEq) is recommended for patients with an estimated CrCl greater than 50 ml/min.
  - 1 gram (8 mEq) is recommended for patients with an estimated CrCl less than 50 ml/min.
- Potassium Chloride \_\_\_\_\_ mEq IV
- Potassium Phosphate \_\_\_\_\_ mmol IV
  - 15 mmol of potassium phosphate provides 22 mEq of potassium (3 mmol of potassium phosphate provides 4.4 mEq of potassium)

**Standing Orders**

Thiamine 100 mg. p.o. or IV q day  
 Folic Acid 1 mg. p.o. or IV q day  
 Multivitamin 1 tablet p.o. or 1 vial IV q day

**Obtain (if not already done)**

Case Management consult to assess for follow-up treatment program

Chem 14	Blood Alcohol Level	Complete Blood Count
GGT	Magnesium	Phosphorus
PT/INR	Serum Drug Screen	Urine Drug Screen

Other: (Other considerations might include a nicotine patch, antacid, seizure precautions)

References:

Sullivan, JT, Sykora K, Schneiderman J, et al. Assessment of alcohol withdrawal: the revised clinical institute withdrawal assessment for alcohol scale (CIWA-Ar). Br J Addict 1989; 84:1353

Sullivan JT, Swift RM, Lewis DC. Benzodiazepine requirement during alcohol withdrawal syndrome: clinical implications of using a standardized withdrawal scale. J Clin Psychopharmacol 1991;11:291.

Saitz, R, Mayo-Smith MF, Roberts MS, et al. Individualized treatment for alcohol withdrawal JAMA 1994; 272:519.

Daepfen JB, Gache P, Landry U et al. Symptom-triggered vs fixed-schedule doses of benzodiazepine for alcohol withdrawal. Arch Intern Med 2002; 162:1117.

CONFIDENTIAL INFORMATION

**Screen for alcohol use**

- C Have you ever felt you should **Cut** down on your drinking?  Y  N
- A Have people **Annoyed** you by criticizing your drinking?  Y  N
- G Have you ever felt bad or **Guilty** about drinking?  Y  N
- E Have you ever taken a drink first thing in the morning  
(**Eye-opener**) to steady your nerves or get rid of a hangover?  Y  N

- A single positive response suggests a problem with alcohol. More than two positive responses correlates highly with severe alcohol abuse and should raise the issue of whether the patient will experience alcohol withdrawal.

**Identify risk factors for developing alcohol withdrawal syndrome**

Timing of last drink      Date \_\_\_\_\_ Time \_\_\_\_\_  
 Blood alcohol level \_\_\_\_\_  
 History of withdrawal       Y       N  
 History of seizures       Y       N

**Blood Alcohol Levels**

- 0.05% (50 mg./dl) - observable impairment in motor function
- 0.08% (80 mg./dl) - legal intoxication
- 0.1% (100 mg./dl) - impairment in motor function
- > 0.2% (200 mg./dl) - alcohol metabolism tends to become nonlinear
- > 0.45% (450 mg./dl) - respiratory depression
- 0.5% (500 mg./dl) - the median lethal dose for alcohol (LD<sub>50</sub>)

**Stages of Alcohol Withdrawal**

- Stage 1:** 6 to 8 hours after blood alcohol begins falling, patients may experience autonomic hyperactivity (tremulousness, anxiety, hyperreflexia, hypertension, tachycardia, diaphoresis, hyperthermia, nausea, vomiting, insomnia and craving)
- Stage 2:** 24 hours after blood alcohol begins falling, patients may experience auditory and/or visual hallucinations, anxiety, tremor, and varying degrees of autonomic hyperactivity. These symptoms may last for up to 72 hours
- Stage 3:** up to 72 hours after blood alcohol begins falling, patients may experience seizure activity. These “rum fits” occur in approximately 4% of untreated patients
- Stage 4:** up to 3 to 5 days after blood alcohol begins falling, patients may experience delirium tremens (confusion, illusions, hallucinations, agitation, tachycardia, diaphoresis, mydriasis and fever). DT’s occur in approximately 5% of untreated patients, and mortality is estimated to be 5 to 15%