



Height \_\_\_\_\_ cm      Weight \_\_\_\_\_ kg

Allergies \_\_\_\_\_

<b>Management of Alcohol Withdrawal in the Adult Patient Order Set</b>		M	K	O
Orders Processed Date (dd/mm/yyyy)	<b>Diet</b>			
	<input type="checkbox"/> DAT <input checked="" type="checkbox"/> Encourage oral fluids <input type="checkbox"/> Other: _____			
Time (hhmm)	<b>Vitals/Monitoring</b>			
	<b>Implement CIWA-Ar Protocol (ASSMT014)</b>			
	<input type="checkbox"/> Temp, HR, RR, BP, SpO <sub>2</sub> q1h <input type="checkbox"/> Temp, HR, RR, BP, SpO <sub>2</sub> q _____ minutes Select one option below: <input type="checkbox"/> until CIWA score is less than 10 <b>OR</b> <input type="checkbox"/> for _____ hours			
By	<input checked="" type="checkbox"/> Notify MD if respiratory rate is less than 10 per minute <input checked="" type="checkbox"/> Continuous pulse oximetry required if IV benzodiazepine is given			
Status	<b>CIWA Monitoring and Scoring</b>			
	<input checked="" type="checkbox"/> Initiate CIWA-Ar Scoring and Monitoring 1. For Initial CIWA-Ar score = 0 <input checked="" type="checkbox"/> Repeat CIWA in 2 hours and 4 hours <input checked="" type="checkbox"/> If 4 hour score = 0, discontinue protocol 2. If CIWA-Ar score = 1 – 9 <input checked="" type="checkbox"/> Continue supportive care <input checked="" type="checkbox"/> Repeat CIWA q2h x 3 <input checked="" type="checkbox"/> If CIWA scores continue to be less than 10, discontinue protocol 3. For CIWA-Ar score greater than or equal to 10 <input checked="" type="checkbox"/> Repeat CIWA score q1h until score is less than 10, then decrease monitoring to q2h x 3 scores <input checked="" type="checkbox"/> Document all CIWA-Ar scores and vital signs on the Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar) Record Form (ASSMT014) <input checked="" type="checkbox"/> Always awaken patient for assessment <input checked="" type="checkbox"/> Ensure patient is fully awake when scoring <input checked="" type="checkbox"/> Alcohol hallucinosis treatment same as Standard Alcohol Withdrawal Protocol			
Processing Reviewed by	<b>Lab Investigations (If clinically indicated)</b>			
	<input type="checkbox"/> CBC <input type="checkbox"/> Creatinine <input type="checkbox"/> Urea <input type="checkbox"/> Random Glucose <input type="checkbox"/> Na, K, Cl, TCO <sub>2</sub> <input type="checkbox"/> Magnesium <input type="checkbox"/> ALT, ALP, Bilirubin <input type="checkbox"/> GGT <input type="checkbox"/> Ethanol <input type="checkbox"/> Urine Drug Screen <input type="checkbox"/> Additional Labs: _____			
Status				
Faxed by				

Telephone Order \_\_\_\_\_  
 Ordering Practitioner, Designation      Signature      Date/Time (dd/mm/yyyy hhmm)

If Telephone Order \_\_\_\_\_  
 Ordering Physician      Date (dd/mm/yyyy)      Time (hhmm)       Read Back

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<b>Management of Alcohol Withdrawal in the Adult Patient Order Set</b>		M	K	O
Orders Processed Date (dd/mm/yyyy)	<b>Diagnostics</b>			
	<b>Cardiology</b>			
	<input type="checkbox"/> ECG (to assess QT interval) <input type="checkbox"/> ECG daily x 2 days if QT interval prolonged			
Time (hhmm)	<b>IV Therapy</b>			
	<b>IV Fluid</b>			
	<input type="checkbox"/> No IV <input type="checkbox"/> sodium chloride 0.9% at _____ mL/h <input type="checkbox"/> Other: _____			
By	<b>Other IV Orders</b>			
	<input type="checkbox"/> Saline lock <input checked="" type="checkbox"/> Reassess IV requirements q24h			
Status	<b>Medications</b>			
	<b>Standard Alcohol Withdrawal Protocol based on CIWA-Ar score (for patients less than 75 years of age)</b>			
Processing Reviewed by	<b>(Administer for CIWA-Ar scores greater than 10)</b>			
	***No numerical maximum dose, total dose based on CIWA score/clinical response***			
Status	<b>Dosing Recommendations:</b>			
	***diazepam 10 – 20 mg PO q1h OR 5 – 20 mg IV q1h***			
	<input type="checkbox"/> diazepam _____ mg PO q _____ h <input type="checkbox"/> diazepam _____ mg IV q _____ h <input checked="" type="checkbox"/> Administer diazepam until CIWA score is less than 10 <input checked="" type="checkbox"/> Contact MD if CIWA is greater than or equal to 10 after 3 doses <input checked="" type="checkbox"/> Monitor RR and SpO <sub>2</sub> with IV administration of diazepam <input checked="" type="checkbox"/> Hold if drowsy			
Faxed by	<b>If History of Alcohol Withdrawal Seizures</b>			
	<input type="checkbox"/> diazepam 20 mg PO q1h x 3 doses <b>OR</b> <input type="checkbox"/> diazepam 20 mg IV q1h x 3 doses <input checked="" type="checkbox"/> Monitor RR and SpO <sub>2</sub> with IV administration of diazepam <input checked="" type="checkbox"/> Hold if drowsy <input type="checkbox"/> <b>THEN</b> select and follow the Standard Alcohol Withdrawal Protocol according to the CIWA-Ar score as above			

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Allergies \_\_\_\_\_

## Management of Alcohol Withdrawal in the Adult Patient Order Set

M    K    O

Orders  
Processed  
Date  
(dd/mm/yyyy)

### Medications Continued...

**For Patients with Advanced Liver Disease/ Severe COPD / Respiratory Illness / Elderly Patients (75 years of age or older) / Methadone or High Dose Opioids**

**Dosing Recommendations:**

\*\*\*LORazepam 1 – 4 mg PO/SL/IM\*\*\*

\*\*\*LORazepam 0.5 – 1 mg if IV route OR for a patient with COPD\*\*\*

- LORazepam \_\_\_\_\_ mg PO/SL q1 – 4h
- LORazepam \_\_\_\_\_ mg IV q1 – 4h
- LORazepam \_\_\_\_\_ mg IM q1 – 4h
- Administer LORazepam until CIWA score is less than 10
- Contact MD if CIWA is greater than or equal to 10 after 3 doses
- RR and SpO<sub>2</sub> monitoring required for IV route
- Hold if drowsy

Time (hhmm)

By

Status

**If Delirium Tremens:**

\*\*\*Administration of antipsychotics not recommended\*\*\*

\*\*\*Consider PCU/ICU consult\*\*\*

- diazepam 10 – 20 mg PO q30min x 4 doses
- diazepam 10 – 20 mg IV q30min x 4 doses
- Monitor RR and SpO<sub>2</sub> with IV administration of diazepam
- Hold if drowsy
- Contact MRP after fourth dose to obtain additional diazepam orders

Processing  
Reviewed by

Status

Faxed by

**If Delirium Tremens with Advanced Liver Disease/ Severe COPD / Respiratory Illness / Elderly Patients (75 years of age or older) / Methadone or High Dose Opioids:**

**Dosing Recommendations:**

\*\*\*LORazepam 1 – 4 mg, PO, SL or IM\*\*\*

\*\*\*LORazepam 0.5 – 1 mg if IV route or for a patient with COPD\*\*\*

- LORazepam \_\_\_\_\_ mg PO or SL q1 – 4h
- LORazepam \_\_\_\_\_ mg IV q1 – 4h
- LORazepam \_\_\_\_\_ mg IM q1 – 4h
- RR and SpO<sub>2</sub> monitoring required for IV route
- Hold if drowsy
- Contact MRP after fourth dose to obtain additional LORazepam orders

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Allergies \_\_\_\_\_

<b>Management of Alcohol Withdrawal in the Adult Patient Order Set</b>		M	K	O
<b>Orders Processed</b> Date (dd/mm/yyyy) _____  <b>Time (hhmm)</b> _____	<b>Other Medications</b> <input type="checkbox"/> thiamine 100 mg IV daily x3 days <input type="checkbox"/> thiamine 100 mg PO daily x3 days <input type="checkbox"/> thiamine 100 mg IM daily x3 days <input checked="" type="checkbox"/> First dose of thiamine must be given prior to administration of any IV dextrose <input type="checkbox"/> multivitamins 1 tablet PO daily <input type="checkbox"/> multivitamins 10 mL IV daily <input type="checkbox"/> folic acid 1 mg PO daily x 5 days			
<b>By</b> _____  <b>Status</b> _____  <b>Processing Reviewed by</b> _____  <b>Status</b> _____  <b>Faxed by</b> _____	<b>Supportive Care</b> <input checked="" type="checkbox"/> Offer fluids, food, blankets, dry gown, reassurance, and quiet/low light environment <input type="checkbox"/> Observation level: <input type="checkbox"/> constant <input type="checkbox"/> close (q15minutes) <input type="checkbox"/> routine (q30minutes)			

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