

ALCOHOL WITHDRAWAL PHYSICIAN STANDING ORDERS

1. Record Blood alcohol concentration (BAC) by breathalyzer and record patient's reported time and date of last alcohol use on CIWA-Ar flow sheet.
2. For diabetic patient, check blood glucose by fingerstick. Notify medical provider if blood glucose < 80 or > 300.
3. If BAC > 0.1 % and patient has symptoms of withdrawal, call medical provider before administering medication for alcohol withdrawal.
4. If BAC > 0.1 % and no signs of withdrawal, monitor until BAC < 0.1 %.
5. When BAC < 0.1 %, measure CIWA-Ar score.
6. If CIWA-Ar score < 10, repeat CIWA-Ar next shift.
Repeat sooner if symptoms appear to worsen.
7. If CIWA-Ar score is 10 or greater:

give lorazepam 2 mg P.O. / chlordiazepoxide 50 mg P.O. (circle choice,
cross out other)
and repeat CIWA-Ar in 1 hour (awaken if asleep).
8. Continue with #6 and #7 above as indicated by the subsequent CIWA-Ar scores.
Discontinue CIWA-Ar monitoring when CIWA-Ar < 5 four consecutive shifts.
9. Patient has history of withdrawal seizures. (line out if not needed).
Seizure precautions.
Administer chlordiazepoxide 50 mg P.O. q 6 hr x 4 (begin when BAC < 0.1%, sooner if signs of withdrawal and directed by medical provider).
Administer additional medication as needed according to # 6 and # 7 above.
10. Notify medical provider for repeat CIWA-Ar score > 20, or if patient requires more than 14 mg of lorazepam or 350 mg of chlordiazepoxide in 24 hours (continue medication per above unless signs of benzodiazepine toxicity).
11. Thiamine 100 mg PO / IM (circle route) now and then 100mg PO QD
12. Do not administer lorazepam/chlordiazepoxide if signs of benzodiazepine toxicity (ataxia, heavy sedation, slurred speech, mood lability).
13. Place on "Detox Status." (restrict to ward)
14. Encourage fluids.