

ADULT ALCOHOL WITHDRAWAL (BENZODIAZEPINE)

Weight (kg)

Bulleted orders are initiated by default, unless crossed out and initialed by the physician / prescriber. Boxed orders () require physician / prescriber check mark () to be initiated.

1. **ALLERGIES:** see #826234 – Allergy and Adverse Reaction Record

2. **CODE STATUS / MOST**

Refer to completed Medical Orders for Scope of Treatment (MOST) #829641

3. **CONSULTS**

- Substance Use Connections (if available) – social work / nurse to connect patient to community substance use resources
- Addictions Medicine (if available)
- BCCSU 24 / 7 Addictions Consult line 1-778-945-7619
- Social Work
- Intensivist
- Internal Medicine
- Other: _____

4. **DIET**

Diet Type (choose one): General Other _____

Diet Texture (choose one): General Other _____

5. **MONITORING**

- CIWA-Ar (#814549) baseline score and PRN as per protocol
- Respiratory Rate must be assessed prior to each dose of diazepam or LORazepam
- Vital signs (T, BP, HR, RR, SpO₂) Q4H and PRN as per CIWA-Ar
- Glasgow Coma Scale (GCS) PRN

6. **LABORATORY (all urgent priority)**

- CBC, Lytes 4, creatinine, Glucose random, urea, Alk Phos, ALT, AST, Bilirubin Total, GGT, Ca, Mg, Phos, Ethanol, lipase
- Acetaminophen, Salicylate, Osmol
- Urine Analysis
- Other: _____

7. **DIAGNOSTICS**

- ECG 12 Lead Urgent

8. **INTRAVENOUS THERAPY AND HYDRATION**

- Saline lock
- IV Normal Saline at _____ mL/hr
- IV Ringer's Lactate at _____ mL/hr
- Other: _____

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/ /			

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9. MEDICATIONS

- Discontinue ALL previously ordered benzodiazepines (EXCEPT clobazam for seizure disorder), zopiclone, and zolpidem
- ALL benzodiazepine and adjunctive medication orders from this order set will be discontinued after 5 days

THIAMINE:

- thiamine 100 mg PO / IV ONCE DAILY
****OR****

If Wernicke Encephalopathy suspected (one or more of confusion, ataxia or nystagmus):

- thiamine 500 mg IV TID x 3 days then 250 mg IV DAILY x 4 days then 100 mg PO DAILY

BENZODIAZEPINES:

- Consider PHENobarbital (# 829683) rather than benzodiazepine in patients who have history of benzodiazepine resistant alcohol withdrawal on previous hospital admissions.
- If patient in severe alcohol withdrawal and planning to use PHENobarbital, not recommended to load with benzodiazepine.

LOADING DOSE: ONLY if well documented history of alcohol withdrawal seizures. Select one and give at first onset of withdrawal:

For patients WITHOUT advanced liver disease

- diazepam 20 mg PO/IV Q1H x 3 doses, or until drowsy but responsive to verbal stimuli, then continue CIWA-Ar

For patients WITH advanced liver disease

- LORazepam 2 mg PO/IM/IV Q1H x 3 doses, or until drowsy but responsive to verbal stimuli, then continue CIWA-Ar

DOSE PER SYMPTOM ASSESSMENT

Choose ONE:

Medication	CIWA-Ar Score		
	0 to 9	10 to 19	20 or greater
<input type="checkbox"/> diazepam **OR**	No medication	10 mg PO/IV Q1H (Max 120 mg / 24 hours)	20 mg PO/IV Q1H (Max 120 mg / 24 hours)
<input type="checkbox"/> LORazepam (consider if age greater than 70 years or with respiratory distress) **OR**	No medication	1 mg SL/IM/IV Q1H (Max 12 mg / 24 hours)	2 mg SL/IM/IV Q1H (Max 12 mg / 24 hours)
<input type="checkbox"/> LORazepam (underlying liver disease or unable to take PO or IV medications)	No medication	2 mg SL/IM/IV Q1H (Max 12 mg / 24 hours)	4 mg SL/IM/IV Q1H (Max 12 mg / 24 hours)
Reassessment of CIWA-Ar and vital signs	Q4H	Q1H until score less than 10	Q1H until score less than 10
Nursing: <ul style="list-style-type: none"> If respiratory rate is less than 8 per min, hold medication and notify prescriber Notify prescriber if any of the following: Patient receives max dose of 120 mg diazepam or 12 mg LORazepam per 24 hour period Treatment goal is mild sedation (rouses easily) and CIWA-Ar score less than 10 if GCS less than 8, notify prescriber 			

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9. MEDICATIONS (cont'd)

ADJUNCTIVE MEDICATIONS:

- gabapentin 300 mg PO TID PRN for anxiety, agitation. HOLD if drowsy and difficult to rouse
- gabapentin 300 mg PO HS PRN for insomnia
- ondansetron 4 mg PO/IV Q8H PRN nausea/vomiting
- acetaminophen 1,000 mg PO/OG Q6H PRN ****OR**** 650 mg PR Q6H PRN for pain/fever (maximum 4,000 mg acetaminophen from all sources in 24 hours)
- loxapine 2.5 to 5 mg IM/SUBCUT/PO Q6H PRN for hallucinations, consider using only if benzodiazepines alone not effective

10. DISPOSITION SUPPORT

HIGH RISK (ADMISSION RECOMMENDED) ONE OR MORE OF THE FOLLOWING:

- History of Withdrawal Seizure and/or delirium tremens and recent alcohol use greater than 2 wks.
- History of Severe Alcohol Withdrawal
- Positive blood alcohol level and withdrawal symptoms present
- Have received greater than 40 mg of Diazepam or 4 mg of LORazepam in the Emergency Department

Moderate Risk (Recommend Facility Based Withdrawal Management if available - ie Detox)

- No concurrent acute medical or psychiatric reason for admission
- Concurrent sedative/benzodiazepine or opioid withdrawal stabilization
- Have received 10-40 mg of diazepam or 1-4 mg of LORazepam in the Emergency Department
- Insufficient social supports

Low Risk (Suggest Outpatient Management)

- Has support person available x 72 hours
- Less than 10 mg of diazepam or 1 mg of LORazepam administered in the Emergency Department
- Two or more days since last drink and scoring less than 10 on CIWA-Ar

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