

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.

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:

DIET 4.

Diet Type (choose one):	General	Other
Diet Texture (choose one	e): 🗆 Genera	al 🗌 Other

5.	MONI	TORIN	G

- CIWA-Ar (#814549) baseline score and PRN as per protocol
- Respiratory Rate must be assessed prior to each dose of diazepam or LORazepam ٠
- 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 ٠
- 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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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 × 3 days then 250 mg IV DAILY × 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 × 3 doses, or until drowsy but responsive to verbal stimuli, then continue CIWA-Ar

For patients WITH advanced liver disease

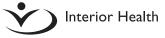
LORazepam 2 mg PO/IM/IV Q1H × 3 doses, or until drowsy but responsive to verbal stimuli, then continue CIWA-Ar

DOSE PER SYMPTOM ASSESSMENT

Choose ONE:

Medication	CIWA-Ar Score			
	0 to 9	10 to 19	20 or greater	
☐ diazepam	No medication	10 mg PO/IV Q1H	20 mg PO/IV Q1H	
OR		(Max 120 mg/24 hours)	(Max 120 mg/24 hours)	
□ LORazepam (consider if age greater than	No medication	1 mg SL/IM/IV Q1H	2 mg SL/IM/IV Q1H	
70 years or with respiratory distress) ** OR **		(Max 12 mg/24 hours)	(Max 12 mg/24 hours)	
□ 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: 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 				

 Date (dd/mm/yyyy)
 Time
 Prescriber's Signature
 Printed Name or College ID#



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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
- 650 mg PR Q6H PRN for pain / fever (maximum 4,000 mg □ acetaminophen 1,000 mg PO/OG Q6H PRN **OR** acetaminophen from all sources in 24 hours)
- Ioxapine 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 × 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

Date (dd/mm/yyyy)

Time