

ADULT ALCOHOL WITHDRAWAL (PHENOBARBITAL)

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.

- Recommend consultation with Addictions Medicine (BCCSU 24/7 line – 1-778-945-7619)

PHENobarbital in Alcohol Use Disorder is recommended in patients with:

- History of benzodiazepine resistant alcohol withdrawal on previous admissions

Exclusion Criteria:

- Not recommended if patient has received greater than 100 mg of diazepam or 10 mg of LORazepam in the Emergency Department
- Drug-Drug interaction with patient's current medication
- Lack of local inpatient clinical expertise with PHENobarbital in alcohol withdrawal
- Decompensated Cirrhosis, Liver Failure, Pregnancy, current Antiviral use

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 worker or 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 PHENobarbital
- 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

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8. INTRAVENOUS Therapy and Hydration

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

9. MEDICATIONS

- Discontinue ALL previously ordered benzodiazepines (EXCEPT clobazam for seizure disorder), zopiclone, and zolpidem
- All PHENobarbital 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

PHENobarbital

- Calculate ideal body weight (IBW): _____ (Male: 50 kg + (2.3 kg (Height in inches minus 60))
(Female: 45.5 kg + (2.3 kg (Height in inches minus 60)))
- **MAXIMUM** calculated PHENobarbital cumulative dose for **ENTIRE** multi-day withdrawal episode
(20 mg/kg of IBW): _____ **DO NOT** exceed this amount over the course of treatment.

LOADING DOSE

AVOID loading dose if other CNS depressants received, decreased LOC, or uncertain diagnosis of alcohol withdrawal

- ☐ PHENobarbital _____ mg (10 mg/kg of IBW) IV × 1 dose

DOSE PER SYMPTOM ASSESSMENT

- ☐ PHENobarbital as per CIWA-Ar score below, start 30 minutes after loading dose IF ordered;
- Nurse to document cumulative PHENobarbital dose in MAR, including loading dose and ED doses if applicable:

Medication	CIWA-Ar Score		
	0 to 9	10 to 19	20 or greater
PHENobarbital	No medication	120 mg IV Q1H **OR** 100 mg PO Q1H	240 mg IV Q1H **OR** 200 mg PO Q1H
	Q4H	Q1H until score less than 10	Q1H until score less than 10
Nursing:	<ul style="list-style-type: none"> • Nurse to notify MRP and discontinue PHENobarbital when maximum cumulative dose reached • If respiratory rate is less than 8 per min, hold medication and notify prescriber • 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 *(continued)*

ADJUNCTIVE MEDICATIONS:

- ☐ 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 PHENobarbital alone not effective

10. Disposition Support

Hospital admission is recommended for patients loaded with PHENobarbital due to risk of CNS or respiratory depression over subsequent days if concomitant outpatient alcohol or sedative use (due to long half-life of PHENobarbital)

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