

Form Title **Alcohol Withdrawal, Adult Inpatient Order Set**

Form Number **21050Bond**

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Last Name (Legal)		First Name (Legal)	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB(dd-Mon-yyyy)	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

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Select orders by replacing a (✓) in the associated box

For more information, see Clinical Knowledge Topic **Alcohol Withdrawal, Adult - Inpatient**

Intravenous Fluid Orders		
<input type="checkbox"/> Intravenous Cannula - Insert: Initiate IV <input type="checkbox"/> IV Maintenance: lactated ringers infusion at _____ mL/hour for _____ hour(s), reassess after _____ hour(s) <input type="checkbox"/> IV Maintenance: NaCl 0.9% infusion at _____ mL/hour for _____ hour(s), reassess after _____ hour(s) <input type="checkbox"/> IV Peripheral Saline Flush/Lock: Saline Lock IV, flush with 2 to 5 mL NaCl 0.9% every 8 hours <i>Ensure IV vitamin B1 (thiamine) is given prior to IV dextrose</i> <input type="checkbox"/> IV Bolus: _____ infusion at _____ mL/hour for _____ hour(s) and then at _____ mL/hour, reassess after _____ hour(s) <input type="checkbox"/> IV fluids (other): _____ at _____ mL/hour for _____ hour(s), reassess after _____ hour(s)		
Laboratory Investigations (order as appropriate)		
Hematology		
<input type="checkbox"/> Complete Blood Count (CBC) with differential		<input type="checkbox"/> INR
Chemistry		
<input type="checkbox"/> Albumin	<input type="checkbox"/> Calcium (Ca)	<input type="checkbox"/> Lipase
<input type="checkbox"/> Alkaline Phosphate (ALP)	<input type="checkbox"/> CK	<input type="checkbox"/> Magnesium (Mg)
<input type="checkbox"/> ALT	<input type="checkbox"/> Creatinine	<input type="checkbox"/> Osmolal Gap (Glucose, NA, Urea, Osmolality)
<input type="checkbox"/> AST	<input type="checkbox"/> Electrolytes (Na, K, Cl, CO2)	<input type="checkbox"/> Phosphate
<input type="checkbox"/> Bilirubin Total	<input type="checkbox"/> Glucose Random	<input type="checkbox"/> Serum Osmolality
Toxicology Screen (if clinically indicated)		
<input type="checkbox"/> Acetaminophen	<input type="checkbox"/> Ethylene Glycol	<input type="checkbox"/> Methanol
<input type="checkbox"/> Ethanol (Blood Alcohol)	<input type="checkbox"/> Isopropanol	<input type="checkbox"/> Salicylate
Urine Tests		
<input type="checkbox"/> Pregnancy Test, Urine (Urine Pregnancy Beta HCG)		
Blood Gases		
<input type="checkbox"/> Arterial blood gas (Venous blood gas if ABG not available) - STAT		
Other Labs		
<input type="checkbox"/> Blood cultures	<input type="checkbox"/> Other _____	
Repeating Labs		
<input type="checkbox"/> Complete Blood Count (CBC) every _____ (specify frequency) for _____ days		
<input type="checkbox"/> Creatinine every _____ (specify frequency) for _____ days		
<input type="checkbox"/> Electrolytes (Na, K, CL, CO2) every _____ (specify frequency) for _____ days		
<input type="checkbox"/> Mg every _____ (specify frequency) for _____ days		
<input type="checkbox"/> Phosphate every _____ (specify frequency) for _____ days		
<input type="checkbox"/> Other: _____		
Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh:mm)

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Diagnostic Investigations

- Electrocardiogram – 12 lead: Check Corrected QT Interval (QTc)
- Chest X-ray 2 projections: Posterior-anterior & Lateral (CR Chest, 2 Projections)
indication: _____
- Chest X-ray Portable PA only (GR Chest, 1 Projection portable)
indication: _____
- CT Head, indication: _____
- Other: _____

Medications

Vitamin B1 (thiamine)

For suspected Wernicke's encephalopathy (oculomotor dysfunction, ataxia, encephalopathy)

- vitamin B1 (thiamine) 500 mg IV every 8 hours for 3 days **AND THEN** 300 mg IV daily for additional 5 days then reassess

OR

For Wernicke's prophylaxis dosing

- vitamin B1 (thiamine) 300 mg PO/IV daily for 3 days and reassess

Other Vitamins

- folic acid 1 mg PO daily for 5 days and then reassess

OR

- folic acid 1 mg IV daily if NPO for 5 days and then reassess

- multivitamin 1 tab PO daily

OR

- multivitamin 10 mL in 100 mL of NaCl 0.9% daily if NPO

Electrolyte Replacements (if clinically indicated)

- magnesium sulphate 2 g in 100 mL of NaCl 0.9% IV over 2 hours

OR

- magnesium sulphate 4 g in 100 mL of NaCl 0.9% IV over 4 hours

- phosphorus (Phosphate Novartis) 500 mg PO every _____ hour(s) for _____ days

OR

- potassium phosphate (22 mmol potassium plus 15 mmol phosphate) in 250 mL NaCl 0.9% IV over 3 hours

Choose only ONE option unless clinically indicated for severe hypokalemia

- potassium chloride 10 mmol in 100 mL of sterile water IV over one hour; give _____ doses

- potassium chloride (K-Dur) 40 mmol PO every _____ hour(s) for _____ days

- potassium chloride oral solution (K-10) 40 mmol PO every _____ hour(s) for _____ days

Antiemetic

For dimenhydrinate, recommended dosage is 25 to 50 mg

- dimenhydrinate _____ mg PO/IV every 4 hours PRN for nausea/emesis

- metoclopramide 10 mg PO/IV every 6 hours PRN for nausea/emesis

For ondansetron, recommended dosage is 4 to 8 mg

- ondansetron _____ mg PO/IV every 8 hours PRN for nausea/emesis

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Medications (continued)		
<p>Benzodiazepines <i>Recommend symptom-based regimen, using the Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar) score. The recommended goal is to achieve light somnolence OR to achieve minimal to moderate sedation.</i> <i>CIWA-Ar NOT applicable to mechanical ventilated patients, seizure and post ictal state, and delirious patients and patients with baseline cognitive impairment. Patient must be alert, orientated and able to answer questions.</i> Lorazepam is the drug of choice for the elderly, or patients with COPD or severe liver disease. Chlordiazepoxide and diazepam should not be used for elderly patients or those with hepatic impairment. <i>*See scoring tool on last page of orders (page 6)*</i></p>		
<p><input type="checkbox"/> Clinical Communication – Start CIWA-Ar and follow benzodiazepines orders below based on CIWA-Ar Score</p> <p><input type="checkbox"/> Clinical Communication – For the following CIWA-Ar score:</p> <ul style="list-style-type: none"> • If CIWA-Ar score 0-9, reassess score every 4 hours and PRN • If CIWA-Ar score 10 or greater, reassess score every 1 hour until score less than 10 on 3 consecutive measurements • If CIWA-Ar score 20 or greater on 2 measurements, continue benzodiazepines AND notify Authorized Prescriber to determine if dose adjustment is required • Reassess need for ongoing CIWA-Ar assessments after 5 days • If respiratory rate less than 10 breaths/minute, hold benzodiazepines and Notify Authorized Prescriber 		
<p>If CIWA-Ar score 20 or greater – Severe agitation - <i>Must choose ONE</i></p> <p><i>Choose ONE</i></p> <p><input type="checkbox"/> diazepam 10 mg PO/IV every 1 hour PRN for CIWA-Ar score greater than 19</p> <p><input type="checkbox"/> diazepam 20 mg PO/IV every 1 hour PRN for CIWA-Ar score greater than 19</p> <p>OR</p> <p><i>Choose ONE</i></p> <p><input type="checkbox"/> LORazepam 1 mg PO/SL/IV every 1 hour PRN for CIWA-Ar score greater than 19</p> <p><input type="checkbox"/> LORazepam 2 mg PO/SL/IV every 1 hour PRN for CIWA-Ar score greater than 19</p> <p><input type="checkbox"/> LORazepam 4 mg PO/SL/IV every 1 hour PRN for CIWA-Ar score greater than 19</p>		
<p>If CIWA-Ar score 10-19 – Moderate agitation- <i>Must choose ONE</i></p> <p><i>Choose ONE</i></p> <p><input type="checkbox"/> diazepam 5 mg PO/IV every 1 hour PRN for CIWA-Ar score 10-19</p> <p><input type="checkbox"/> diazepam 10 mg PO/IV every 1 hour PRN for CIWA-Ar score 10-19</p> <p>OR</p> <p><i>Choose ONE</i></p> <p><input type="checkbox"/> LORazepam 1 mg PO/SL/IV every 1 hour PRN for CIWA-Ar score 10-19</p> <p><input type="checkbox"/> LORazepam 2 mg PO/SL/IV every 1 hour PRN for CIWA-Ar score 10-19</p>		
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Medications (continued)		
If CIWA-Ar score cannot be used OR prefer a long acting medication		
<i>Do not adjust chlordiazepoxide based on CIWA-Ar, but can use lorazepam PRN based on CIWA-Ar in combination with chlordiazepoxide.</i>		
<i>The initial dose should be based on severity of symptoms, history of amount of alcohol use, and history of severe withdrawal in the past. As a general guideline, high alcohol quantity users or severe symptoms, start with 100 mg PO every 8 hours; for lower alcohol consumption or less severe withdrawal consider 50 mg PO every 8 hours or 25 mg PO every 8 hours for mild withdrawal or prophylaxis of withdrawal.</i>		
<i>Avoid chlordiazepoxide or diazepam in severe chronic liver disease, age greater than 65 years and severe Respiratory disease. Do not use both chlordiazepoxide and diazepam together.</i>		
Choose ONE		
<input type="checkbox"/> chlordiazePOXIDE _____ mg PO every 8 hours. <i>Notify Authorized Prescriber if respiratory rate is less than 10 breaths per minute</i>		
<input type="checkbox"/> diazepam _____ mg PO every ____ hours. <i>Notify Authorized Prescriber if respiratory rate is less than 10 breaths per minute</i>		
AND		
<input type="checkbox"/> LORazepam 1-2 mg PO/sublingual/IV every 1 hour PRN. <i>Hold if respiratory rate is less than 10 breaths per minute</i>		
Patient Care		
Activity		
<input type="checkbox"/> Activity as Tolerated		
<input type="checkbox"/> Bedrest		
<input type="checkbox"/> Other Activity: _____		
Monitoring		
<input type="checkbox"/> Vital Signs every ____ minute(s)		
<input type="checkbox"/> Vital Signs every ____ hour(s)		
<input type="checkbox"/> Vital Signs every time with CIWA-Ar		
Safety and Precautions		
<input type="checkbox"/> Fall Prevention Risk Assessment		
<input type="checkbox"/> Seizure Precautions and Monitoring		
<input type="checkbox"/> Restraints - mechanical (soft) PRN and elevate head of bed to 30 degrees		
Certification		
<i>NOTE: Electronic forms do not replace the paper form</i>		
<input type="checkbox"/> Psychiatric Certification – First Certification Start Date (dd-Mon-yyyy) _____ at _____ (hh:mm)		
<input type="checkbox"/> Psychiatric Certification – Second Form 1 Start Date (dd-Mon-yyyy) _____ at _____ (hh:mm)		
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Patient Care <i>(continued)</i>		
Diet/Nutrition		
<input type="checkbox"/> Regular Diet		
<input type="checkbox"/> NPO: Medications with sips of water and may have ice chips		
<input type="checkbox"/> NPO		
<input type="checkbox"/> Other Diet: _____		
Respiratory Care		
<input type="checkbox"/> O2 Therapy - Titrate to saturation to maintain SpO2 between 88 - 92%		
<input type="checkbox"/> O2 Therapy - Titrate to saturation to maintain SpO2 between 92 - 96%		
Transition and Referral		
<input type="checkbox"/> Social Work		
<input type="checkbox"/> Addiction Medicine Services		
<input type="checkbox"/> Psychiatry		
Prescriber Signature	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh:mm)</i>

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Alcohol Withdrawal Assessment Scoring Guidelines (CIWA-Ar) ¹	
Rate on scale as indicated by numbers in each section	
Nausea/Vomiting 0 – None 1 – Mild nausea and vomiting 2 3 4 – Intermittent nausea 5 6 7 – Constant nausea and frequent heaves and vomiting	Tremors Patient to extend arms & spread fingers 0 – No Tremor 1 – Not visible but can be felt fingertip to fingertip 2 3 4 – Moderate with arms extended 5 6 7 – Severe, even with arms not extended
Anxiety 0 – No anxiety, patient at ease 1 – Mild anxious 2 3 4 – Moderately anxious or guarded, so inferred anxiety 5 6 7 – Equivalent to acute panic states seen in severe delirium or acute schizophrenic reactions	Agitation 0 – Normal Activity 1 – Somewhat normal activity 2 3 4 – Moderately fidgety and restless 5 6 7 – Paces back and forth or constantly thrashes about
Paroxysmal Sweats 0 – No sweats 1 – Barely perceptible sweating, palms moist 2 3 4 – Beads of sweat obvious on forehead 5 6 7 – Drenching sweats	Orientation and Clouding of Sensorium Ask: What day is this? Where are you? Who am I? Rate on scale 0 – 4 0 – Orientated 1 – Cannot do serial additions or is uncertain about the date 2 – Disorientated to date by no more than 2 calendar days 3 – Disorientated to date by more than 2 calendar days 4 – Disorientated to place/and or person
Tactile disturbances Ask: Have you experienced any itching, pins & needles, burning or numbness, or a feeling of bugs crawling on or under your skin? 0 – None 1 – Very Mild itching, pins & needles, burning or numbness 2 – Mild itching, pins & needles, burning or numbness 3 – Moderate itching, pins & needles, burning or numbness 4 – Moderate hallucinations 5 – Severe hallucinations 6 – Extremely severe hallucinations 7 – Continuous hallucinations	Auditory Disturbances Ask: Are you more aware of sounds around you? Are they harsh? Do they startle you? Do you hear anything that disturbs you or that you know isn't there? 0 – None Present 1 – Very middle harshness or ability to startle 2 – Mild harshness or ability to startle 3 – Moderate harshness or ability to startle 4 – Moderate hallucinations 5 – Severe hallucinations 6 – Extremely severe hallucinations 7 – Continuous hallucinations
Visual disturbances Ask: Does the light appear to be too bright? Is its color different than normal? Does it hurt your eyes? Are you seeing anything that disturbs your or that you know isn't there? 0 – Not Present 1 – Very mild sensitivity 2 – Mild sensitivity 3 – Moderate sensitivity 4 – Moderate hallucinations 5 – Severe hallucinations 6 – Extremely severe hallucinations 7 – Continuous hallucinations	Headache Ask: Does your head feel different than usual? Does it feel like there is a band around your head? (Do not rate dizziness or light headedness) 0 – Not Present 1 – Very mild 2 – Mild 3 – Moderate 4 – Moderate severe 5 – Severe 6 – Very severe 7 – Extremely severe
<i>Adapted from Sullivan JT, Sykora K, Schneiderman J, Naranjo CA, Sellers. Assessment of alcohol withdrawal: the revised Clinical Institute Withdrawal Assessment for Alcohol scale (CIWA-Ar). Br Journal of Addict. 84(11):1353-1357.</i>	