

- Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar) every 2 hours when score greater than 6 and less than 20. If the CIWA-Ar score is above 20, check every hour. If score less than or equal to 6, CIWA-Ar every 8 hours. For any score above 6 resume checking the CIWA-Ar every 2 hours.
- Check blood pressure and heart rate with each CIWA-Ar.
- Any patient experiencing Delirium Tremens, requiring physical restraints, or requiring a sitter call physician to transfer patient to ICU.
- Notify physician if patient receives 8 mg or more of lorazepam or 40 mg of diazepam in any 8 hour period.
- Call physician if CIWA-Ar greater than or equal to 20.
- Notify Neurology Service before initiating protocol if consulted.
- Chemical Dependency Consult.
- Chemical Dependency Physician Consult.

Medications Patients Able to Take Oral:

Diazepam (VALIUM) 5 mg by mouth every 2 hours PRN CIWA-Ar score greater than 6 and less than 9.
 Diazepam (VALIUM) 10 mg by mouth every 2 hours PRN CIWA-Ar greater than or equal to 9 or heart rate greater than or equal to 100 beats per minute.
 Hold diazepam (VALIUM) if patient is lethargic.

(For patients with at least one of the following utilize lorazepam instead of diazepam: INR greater than or equal to 1.3, age 60 or greater, history of COPD, Patient's requiring ICU admission for alcohol withdrawal or with CIWA-Ar scores 20 or greater requiring every hour dosing.)

Lorazepam (ATIVAN) 1 mg by mouth every 2 hours PRN CIWA-Ar score greater than 6 and less than 9.
 Lorazepam (ATIVAN) 2 mg by mouth every 2 hours PRN CIWA-Ar score 9 to 19 or heart rate greater than or equal to 100 beats per minute.
 Lorazepam (ATIVAN) 2 mg by mouth every 1 hour PRN CIWA-Ar 20 or greater. Hold lorazepam (ATIVAN) if patient is lethargic.

Hydroxyzine HCl (ATARAX) 25 mg by mouth 4 times daily PRN for anxiety symptoms if CIWA-Ar less than or equal to 6.

Prenatal vitamin by mouth daily x 3 days (contains at least 100 mg thiamine and folic acid 1mg).

Physician's Signature _____ Date and Time _____

THE USE OF GENERIC EQUIVALENTS AND THERAPEUTIC INTERCHANGE IS AUTHORIZED UNLESS D.A.W. (DISPENSE AS WRITTEN) APPEARS AFTER THE MEDICATION ORDERED
ONLY THOSE ORDERS DATED AND CHECKED WILL BE CARRIED OUT

FOR PHARMACY USE ONLY: Reviewed _____ Unit Dose Fill _____ IV Fill _____ Unit Dose Check _____ IV Check _____

_____ Zolpidem (AMBIEN) 10 mg by mouth at bedtime PRN insomnia.

_____ Ondansetron (ZOFTRAN) 4 mg by mouth every 6 hours PRN nausea.

_____ Ondansetron (ZOFTRAN) 2-4 mg intramuscularly every 6 hours PRN vomiting.

Medications for Patients Requiring Parenteral Medications:

_____ Diazepam (VALIUM) 5 mg by IM/IV every 2 hours PRN CIWA-Ar score greater than 6 and less than 9.
Diazepam (VALIUM) 10 mg by IM/IV every 2 hours PRN CIWA-Ar greater than or equal to 9 or heart rate greater than or equal to 100 beats per minute.

Hold diazepam (VALIUM) if patient is lethargic.

(For patients with at least one of the following utilize lorazepam instead of diazepam: INR greater than or equal to 1.3, age 60 or greater, history of COPD, Patient's requiring ICU admission for alcohol withdrawal or with CIWA-Ar scores 20 or greater requiring every hour dosing)

_____ Lorazepam (ATIVAN) 1 mg by IM/IV every 2 hours PRN CIWA-Ar score greater than 6 and less than 9.

Lorazepam (ATIVAN) 2 mg by IM/IV every 2 hours PRN CIWA-Ar greater than or equal to 9 or heart rate greater than or equal to 100 beats per minute.

Lorazepam (ATIVAN) 2 mg by mouth every 1 hour PRN CIWA-Ar 20 or greater. Hold lorazepam (ATIVAN) if patient is lethargic.

_____ Multivitamin 10 ml, folic acid 1mg, thiamine 100mg, in NaCl 0.9% 1000ml IV daily for 3 days.
Infuse at _____ ml/hour.

_____ Haloperidol (HALDOL) 5 mg IM every 4 hours as needed for delirium with visual or auditory hallucinations.

_____ Ondansetron (ZOFTRAN) 2-4 mg IV every 6 hours as needed for nausea or vomiting.

Physician's Signature _____ Date and Time _____

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FOR PHARMACY

USE ONLY: Reviewed Unit Dose Fill IV Fill Unit Dose Check IV Check

ALCOHOL WITHDRAWAL - CLINICAL INSTITUTE WITHDRAWAL ASSESSMENT (CIWA) SCALE CRITERIA

<p>Nausea and Vomiting - Ask "Do you feel sick to your stomach?" Observation. Ask to see result if doubtful 0 - no nausea and no vomiting 1 - mild nausea with no vomiting 2 3 4 - intermittent nausea with dry heaves 5 6 7 - constant nausea, frequent dry heaves and vomiting</p>	<p>Tactile Disturbances - Ask "Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?" Observation. 0 - none 1 - very mild itching, pins and needles, burning or numbness 2 - mild itching, pins and needles, burning, or numbness 3 - moderate itching, pins and needles, burning, or numbness 4 - moderately severe hallucinations 5 - severe hallucinations 6 - extremely severe hallucinations 7 - continuous hallucinations</p>
<p>Tremor - Arms extended and fingers spread apart. Observation. Observe when patient not being watched to compare, stick out tongue. 0 - no tremor 1 - not visible, but can be felt fingertip to fingertip 2 3 4 - moderate, with patient's arms extended 5 6 7 - severe, even with arms not extended</p>	<p>Auditory Disturbances - Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?" Observation. 0 - no present 1 - very mild harshness or ability to frighten 2 - mild harshness or ability to frighten 3 - moderate harshness or ability to frighten 4 - moderately severe hallucinations 5 - severe hallucinations 6 - extremely severe hallucinations 7 - continuous hallucinations</p>
<p>Paroxysmal Sweats - Observation. 0 - no sweat visible 1 - barely perceptible sweating, palms moist 2 3 4 - beads of sweat obvious on forehead 5 6 7 - drenching sweats</p>	<p>Visual Disturbances - Ask "Does the light appear to be too bright? Is the color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?" Observation. 0 - not present 1 - very mild sensitivity 2 - mild sensitivity 3 - moderate sensitivity 4 - moderate severe hallucinations 5 - severe hallucinations 6 - extremely severe hallucinations 7 - continuous hallucinations</p>
<p>Anxiety - Ask, "Do you feel nervous?" Observation. 0 - no anxiety 1 - mildly anxious 2 3 4 - moderately anxious, or guarded, so anxiety is inferred. 5 6 7 - equivalent to acute panic states, as seen in severe delirium or acute schizophrenic reactions</p>	<p>Headache, Fullness in Head - Ask "Does your head feel any different? Does it feel like there is a band around your head? Do not rate dizziness or lightheadedness. Otherwise, rate severity. 0 - not present 1 - very mild 2 - mild 3 - moderate 4 - moderately severe 5 - severe 6 - very severe 7 - extremely severe</p>
<p>Agitation - Observation. 0 - normal activity 1 2 3 4 - moderately fidgety and restless 5 6 7 - paces back and forth during most of the interview or constantly thrashes about</p>	<p>Orientation and Clouding of Sensorium - Ask, "What day is this? Where are you? Who am I? Have you vomited?" Observation. 0 - oriented and can do serial additions 1 - cannot do serial additions or is uncertain about date 2 - disoriented for date by no more than 2 calendar days 3 - disoriented for date by more than 2 calendar days 4 - disoriented for place and/or person</p>

TRAMADOL OPIOID WITHDRAWAL PROTOCOL

- _____ 1. Tramadol 100 mg orally every 4 hours x 6 doses, then
- _____ 2. Tramadol 100 mg orally every 6 hours x 4 doses, then
- _____ 3. Tramadol 50 mg orally every 6 hours x 4 doses, then
- _____ 4. Tramadol 50 mg orally every 8 hours x 3 doses, then
- _____ 5. Discontinue Tramadol.
- _____ 6. Clonidine 0.1 mg orally ever 2 hours PRN, breakthrough opioid withdrawal symptoms.
- _____ 7. Hydroxyzine 25 mg orally 4 times daily PRN anxiety.
- _____ 8. Dicyclomine 10 mg orally 4 times daily PRN abdominal cramps, nausea, vomiting, diarrhea.
- _____ 9. Ibuprofen 600 mg orally 4 times daily PRN aches and pains.
- _____ 10. Zolpidem 5 mg orally at bedtime PRN for sleep, may repeat x1 in one hour PRN.
- _____ 11. Prochlorperazine 10 mg orally or Promethazine (PHENERGAN) 25 mg intramuscularly every 8 hours PRN for nausea or vomiting.
- _____ 12. Clonidine patch TTS 0.1 mg to skin every 7 days.
- _____ 13. Buprenorphine and Naloxone (SUBOXONE) 2 mg/0.5 mg sublingual 2 times daily PRN for CINA greater than 6 for first 48 hours of hospital stay.
- _____ 14. Buprenorphine and Naloxone (SUBOXONE) 2 mg/0.5 mg sublingual at bedtime PRN for CINA greater than 6 for first three nights.
- _____ 15. CINA every 12 hours.

Physician's Signature _____ Date & Time _____

Only those orders dated and checked will be carried out.

FOR PHARMACY

USE ONLY: Reviewed _____ Unit Dose Fill _____ IV Fill _____ Unit Dose Check _____ IV Check _____

	NONE	MILD	MODERATE	SEVERE
1. Nausea and vomiting: Ask, "Do you feel sick to your stomach?"	0	2	4	6
2. Goose bumps: Observed	0	1	2	3
3. Sweating: Observed	0	1	2	3
4. Restlessness: Observed	0	1	2	3
5. Tremor: Arms extended and fingers spread apart, observation	0	1	2	3
	NONE	INTERMITTENT	CONSTANT	
6. Lacrimation: Observed	0	1	2	
7. Nasal Congestion	0	1	2	
8. Yawning: Observation	0	1	2	
	NO	SOMETIMES	ALWAYS	
9. Abdominal Changes: Ask, "Do you have pains in your lower abdomen?"	0	1	2	
10. Changes in temperature: Ask, "Do you feel hot or cold?"	0	1	2	
11. Muscle Aches: Ask, "Do you have muscle cramps?"	0	1	2	

Total Score _____/30

HR _____ b/min

BP _____ mm/Hg

Signature: _____ Date/Time: _____