

CIWA-based Treatment Protocol for Acute Alcohol Withdrawal

Do not use if starting new treatment with regular fixed-dose diazepam

Patients consuming excessive amounts of alcohol are at risk of withdrawal reactions, Wernicke's encephalopathy, and adverse effects from treatments for withdrawal reactions. Early treatment is essential to prevent substantial adverse experiences for the patient and for staff. The following guidance describes features that indicate high risk, and treatment for these patients including the use of vitamins to prevent Wernicke's encephalopathy and the use of a semi-quantitative scoring system to guide as-needed diazepam therapy to manage alcohol withdrawal. Guidance is divided into the following sections:

1. Features indicating high-risk alcohol users
2. Management of acute agitation
3. Monitoring and drug therapy for less agitated patients
4. Drug prescriptions

1. Features indicating high-risk alcohol users:

All patients should be asked about ethanol and illicit drug use and treatment with vitamins and as needed diazepam described below MUST be considered if:

- The patient is known to be alcohol dependent
- The patient has a previous history of severe alcohol withdrawal or alcohol related seizures
- The patient consumes excessive amounts of alcohol (male: >21 units/week, female: >14 units/week).

All high-risk alcohol users should be asked to reduce alcohol intake and offered referral to the alcohol liaison service.

2. Management of acute agitation:

Ensure that there are enough staff, including security staff, where appropriate. Violence or poor response to intravenous diazepam should be escalated to the attention of an STR or Consultant.

Agitated adults should be sedated with diazepam (20 mg oral or 10 mg IV). A repeat dose of diazepam (preferably 10 mg IV) may be given after 10 minutes if the patient remains agitated. If ineffective consider oral (5 - 10 mg) or parenteral (2 - 10 mg) haloperidol, 0.5 - 2 mg (oral or iv) initially in the elderly. Consider nursing in a dark and quiet environment with a close relative present. Beware risk of respiratory depression/obstruction. Monitor airways and oxygen saturation.

3. Monitoring and diazepam therapy for less agitated patients:

Patients should not be kept in hospital merely to administer as needed diazepam, but should receive diazepam if they have to be kept in hospital for other reasons. **Patients who are delirious, but have little or no agitation, should be investigated for alternative causes for delirium (e.g. sepsis). Also consider alternative causes when agitation/delirium starts more than 24 hours after admission.**

Clinical features of withdrawal should be measured according to the "Alcohol Withdrawal Assessment Scoring Guidelines (CIWA scoring)" (see attached), with scores and details of diazepam administration recorded in the CIWA chart.

Discuss all difficult cases (e.g. non-English speakers, hypoactive delirium) with the Alcohol Liaison service Tel: 0796 781 1470 in office hours

CIWA scoring:

- should be performed by **observing** for signs described and then **asking general questions** (e.g. 'how are you feeling' or 'do you have any pain or discomfort now'), and **not by asking direct questions** (e.g. 'do you have a headache' or 'do you feel as if insects are crawling under your skin'), although a direct question to elicit hallucinations may be appropriate for the first assessment alone (e.g. 'do you seem to see, feel or hear things that are not actually there')
- should be **obtained at strictly 90-minute intervals**, and ideally by the same nurse
- should be **suspended if the patient is asleep**, but respiratory rate should be checked and recorded every 90 minutes; scoring should be **restarted once the patient wakes up**
- should be **continued for in-patients until at least 24 hours after alcohol exposure**
- should be **stopped if 2 consecutive scores are under 10**

Diazepam therapy (20 mg Oral) for withdrawal symptoms:

- should be **started** when the CIWA score is 13 or higher
- should be **subsequently administered every 90 minutes** if the score is 10 or higher
- should be **discussed with a Consultant/STR** if the score is over 20 on two consecutive occasions – **there may be a need to increase the dose of diazepam**
- should be **withheld** when the score falls to under 10 or the patient is asleep (**suspend** CIWA scoring)
- should be **restarted** when the score returns to 10 or over following **one** value of under 10
- should be **discontinued and crossed off the prescription chart** after 2 consecutive scores of under 10 **if the patient has been awake** and not required diazepam for withdrawal **24hrs after last drink**

Patients who become severely agitated at any time should be considered for IV diazepam as described in section 2.

4. Drug prescriptions:

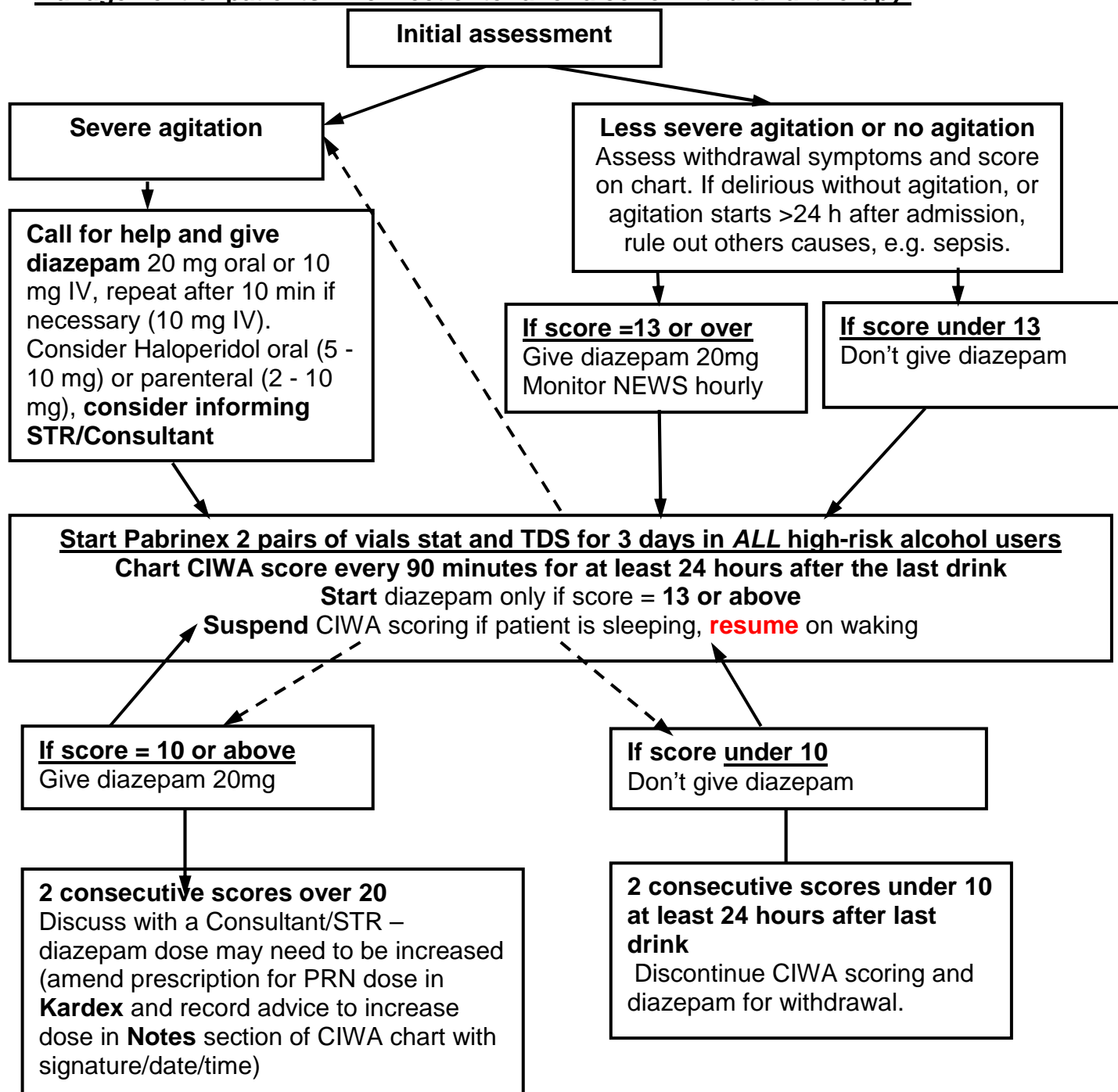
All patients should have the following prescribed in the “**as required**” section of the prescribing chart:

- Diazepam 20 mg oral or IV every 90 minutes as needed. In the 'Notes' section, write “See CIWA chart”
- Diazepam 20 mg IV / rectal. In the 'Notes' section, write “For seizure”

CIWA-based diazepam administration should be recorded on the CIWA chart **and** the “as required” section of the Kardex. “Diazepam 20 mg every 90 minutes as needed, see CIWA chart” should not be used to administer diazepam for any reason other than if indicated at the 90- minute interval assessment of withdrawal symptoms. If a patient demonstrates they require in excess of 200mg of Diazepam within 24 hours, they should be reviewed by medical staff. The patient should be asked to remain on the ward whilst going through this treatment. Any regular doses of benzodiazepines that the patient has been receiving should also be prescribed in the “regular medications” sections of the prescribing chart. Diazepam 20mg for withdrawal symptoms will be in addition to ongoing prescriptions.

Pabrinex 2 pairs of vials stat and three times daily for three days should be prescribed for all high-risk alcohol users, especially if they exhibit features of Wernicke's encephalopathy (ophthalmoplegia, nystagmus, hypothermia with hypotension, acute confusion or agitation, or decreased consciousness unrelated to acute effects of drug or alcohol use). **Do not administer glucose infusions before Pabrinex. Facilities for treating anaphylaxis should be available when administering Pabrinex.** Thiamine 300 mg once daily should be prescribed once Pabrinex course is complete or at discharge.

Management of patients who meet criteria for alcohol withdrawal therapy:



Discuss all difficult cases (e.g. non-English speakers, hypoactive delirium) with Consultant/STR or (in office hours) the Alcohol Liaison service Tel: 0796 781 1470

Escalate to Charge Nurse & STR/Consultant if:

- 2 consecutive CIWA scores >20, O₂ sats low, or NEWS>3

Prescribe:

- Diazepam 20 mg oral or IV every 90 minutes PRN. In 'Notes', write "See CIWA chart"
- Diazepam 20 mg IV / rectal PRN. In 'Notes', write "For seizure"
- Any regular doses of benzodiazepines that the patient has been receiving. Diazepam 20mg for withdrawal symptoms will be in addition to ongoing prescriptions.
- **Pabrinex 2 pairs of vials stat and three times daily for 3 days**
- **Avoid glucose infusions before administering Pabrinex, monitor for anaphylaxis**
- Prescribe thiamine 300 mg stat and then once daily once Pabrinex course complete or at discharge

Please **KEEP IN NOTES**, not at end of bed 3

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CIWA chart for Alcohol withdrawal

Patient Name:		Notes:											
Date of Birth:		Do not use this chart if starting new treatment with regular fixed-dose diazepam											
CHI number:		Date											
		Time											
Assess and rate each of the following (CIWA Scale):													
Nausea/vomiting (0 - 7) 0 - none; 1 - mild nausea ,no vomiting; 4 - intermittent nausea; 7 - constant nausea , frequent dry heaves & vomiting.													
Tremors (0 - 7) 0 - no tremor; 1 - not visible but can be felt; 4 - moderate w/ arms extended; 7 - severe, even w/ arms not extended.													
Anxiety (0 - 7) 0 - none, at ease; 1 - mildly anxious; 4 - moderately anxious or guarded; 7 - equivalent to acute panic state													
Agitation (0 - 7) 0 - normal activity; 1 - somewhat normal activity; 4 - moderately fidgety/restless; 7 - paces or constantly thrashes about													
Paroxysmal Sweats (0 - 7) 0 - no sweats; 1 - barely perceptible sweating, palms moist; 4 - beads of sweat obvious on forehead; 7 - drenching sweat													
Orientation (0 - 4) 0 - oriented; 1 - uncertain about date; 2 - disoriented to date by no more than 2 days; 3 - disoriented to date by > 2 days; 4 - disoriented to place and / or person													
Tactile Disturbances (0 - 7) 0 - none; 1 - very mild itch, P&N, ,numbness; 2-mild itch, P&N, burning, numbness; 3 - moderate itch, P&N, burning ,numbness; 4 - moderate hallucinations; 5 - severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations													
Auditory Disturbances (0 - 7) 0 - not present; 1 - very mild harshness/ ability to startle; 2 - mild harshness, ability to startle; 3 - moderate harshness, ability to startle; 4 - moderate hallucinations; 5 severe hallucinations; 6 -extremely severe hallucinations; 7 - continuous.hallucinations													
Visual Disturbances (0 - 7) 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 (0 - 7) 0 - not present; 1 - very mild; 2 - mild; 3 - moderate; 4 - moderately severe; 5 - severe; 6 - very severe; 7 - extremely severe													
Total CIWA score:													
Pulse													
Blood Pressure													
PRN Diazepam	Dose given (mg):												
	Route:												
Time of administration:													
RN Initials													

Scale for Scoring: Total Score 0 – 9: absent or minimal withdrawal 10 – 19: mild to moderate withdrawal 20 or over: severe withdrawal	Indications for PRN medication: a. Total CIWA-AR score 13 or higher on initial assessment b. Total CIWA-AR score 10 or higher on subsequent assessments Discuss with Consultant/STR if: - Two consecutive scores above 20 - If more than 20 mg diazepam x 3hr required - Respiratory distress or hypoxia
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