



**ADULT ALCOHOL WITHDRAWAL  
TREATMENT -  
STANDARD ORDERS**

(Automatic stop of order set after 5 days. Must be re-ordered if required)

<p><b>These orders are to be used as a guideline and do not replace sound clinical judgement and professional standards.</b></p> <p><input checked="" type="checkbox"/> <b>Automatically activated (if not in agreement cross out and initial)</b>    <input type="checkbox"/> <b>Activated by checking the box</b></p>		
<p>Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list and describe) _____ Wt.: _____ kg    <input type="checkbox"/> Estimate    <input type="checkbox"/> Actual</p>		
<b>MEDICATION ORDERS</b>		<b>GENERAL ORDERS</b>
<p><input checked="" type="checkbox"/> Multivitamin 1 tablet PO daily</p> <p><input checked="" type="checkbox"/> Folic Acid 1 mg tablet PO daily</p> <p><input checked="" type="checkbox"/> Thiamine – ensure IV thiamine is given prior to IV dextrose solutions</p> <p style="margin-left: 20px;"><input type="checkbox"/> Thiamine 300 mg IV daily X 3 days <b>OR</b></p> <p style="margin-left: 20px;"><input type="checkbox"/> Thiamine 100 mg PO TID X 3 days <b>OR</b></p> <p style="margin-left: 20px;"><input type="checkbox"/> Thiamine 500 mg IV TID X 3 days (if high risk for Wernicke's) then reassess</p> <p><input type="checkbox"/> IV fluids of _____ at _____ mL/h</p>		<p><input checked="" type="checkbox"/> Establish peripheral venous access if possible</p> <p><input checked="" type="checkbox"/> CBC, INR, Na, K, Cl, Total CO<sub>2</sub>, glucose, urea, creatinine, Ca, Mg, PO<sub>4</sub>, osmolality, bilirubin, AST, ALT, GGT, LDH, ALP, albumin, CK, lipase, ETOH Level</p> <p><input type="checkbox"/> CBC, Na, K, Cl, Total CO<sub>2</sub>, glucose, urea, creatinine, Ca, Mg, PO<sub>4</sub> daily</p> <p><input checked="" type="checkbox"/> HCG Quantitative if female of child bearing age</p>
<p><b>For patients with clear signs/symptoms of alcohol withdrawal AND a history of withdrawal seizures OR delirium tremens, choose one option below:</b></p> <p><input type="checkbox"/> diazePAM 20 mg PO q2h x 3 regardless of CIWA-Ar score <b>OR</b></p> <p><input type="checkbox"/> diazePAM 20 mg IV q1h x 3, regardless of CIWA-Ar score</p> <p><b>NOTE:</b> hold dose if sedated and not easily roused</p> <p><b>NOTE:</b> Reassess Q15min until CIWA-Ar score less than 20</p>		<b>MONITORING</b>
<p><b>ONGOING TREATMENT FOR ALCOHOL WITHDRAWAL (See Monitoring)</b></p> <p><b>Select Option 1 or 2:</b></p> <p><b>Note:</b> For patients greater than 65 years <b>OR</b> with liver disease <b>OR</b> pregnancy <b>OR</b> receiving scheduled opioids go to <b>OPTION 2 LORazepam</b></p> <p><b>Note:</b> Additional prescriber orders required for doses above maximums</p>		
<p><input type="checkbox"/> <b>Option 1 diazePAM</b></p> <ul style="list-style-type: none"> <li>• Maximum 240mg in 24hrs and Maximum single dose 20 mg IV</li> <li>• diazePAM not to be administered IM</li> </ul>		
<b>Assessment</b> CIWA-Ar	<b>diazePAM Orders</b>	<b>Reassessment</b>
Score greater than or equal to 10 <b>AND</b> score less than or equal to 19 <b>Mild to Moderate</b>	<input type="checkbox"/> diazePAM 10 mg IV q1h PRN <input type="checkbox"/> diazePAM 10 mg PO q2h PRN <input type="checkbox"/> diazePAM 20 mg IV q1h PRN <input type="checkbox"/> diazePAM 20 mg PO q2h PRN <i>(usual dose 10mg)</i>	Q1h until score less than 10
Score greater than 19 <b>Severe</b>	<input type="checkbox"/> diazePAM 20 mg IV q1h PRN <input type="checkbox"/> diazePAM 20 mg PO q2h PRN	Q15 mins until score less than 20
<p><input type="checkbox"/> <b>Option 2 LORazepam</b></p> <p>Use for patients greater than 65 years, with liver disease, pregnant <b>OR</b> receiving scheduled opioids</p> <ul style="list-style-type: none"> <li>• Maximum 24 mg in 24hrs and Maximum single dose 2 mg IV</li> </ul>		
<b>Assessment</b> CIWA-Ar	<b>LORazepam Orders</b>	<b>Reassessment</b>
Score greater than or equal to 10 <b>AND</b> score less than or equal to 19 <b>Mild to Moderate</b>	<input type="checkbox"/> LORazepam 1 mg IV q1h PRN <input type="checkbox"/> LORazepam 1 mg PO/IM q2h PRN <input type="checkbox"/> LORazepam 2 mg IV q1h PRN <input type="checkbox"/> LORazepam 2 mg PO/IM q2h PRN <i>(usual dose 1mg)</i>	Q1h until score less than 10
Score greater than 19 <b>Severe</b>	<input type="checkbox"/> LORazepam 2 mg IV q1h PRN <input type="checkbox"/> LORazepam 2 mg PO/IM q2h PRN	Q15 mins until score less than 20
<p><b>ANTIEMETICS:</b> <i>Caution when used with other QT prolonging agents (ie. Haloperidol)</i></p> <p><input type="checkbox"/> metoclopramide 10 mg IV/PO q4h PRN for nausea and vomiting (maximum dose 40 mg/24 hours) (CAUTION – metoclopramide may lower seizure threshold therefore hold metoclopramide if haloperidol is administered)</p> <p><input type="checkbox"/> ondansetron 4 mg IV/PO q8h PRN for nausea and vomiting (maximum dose 8 mg/24 hours in patients with hepatic impairment)</p> <p><b>For haloperidol dosages for severe agitation/hallucinations unresponsive to benzodiazepines see next page for recommendations</b></p>		
<p><b>Prescriber Signature:</b> _____</p>		<p><b>Date / Time:</b> _____</p>
<p><b>Faxed to Pharmacy - Date/Time and Signature:</b> _____</p>		

\*Recommendations only. Prescriber order required

**Assess Patient For:**

- History of alcohol use disorder
- Past history of alcohol withdrawal syndrome

**Symptoms of Alcohol Withdrawal Syndrome (AWS):**

- Altered LOC/sensorium
- Tremors
- Anxiety
- Diaphoresis
- Increase in BP and HR
- Hallucinations

**Consider Differential Diagnosis for AWS:**

- Other drugs/medications?
- Infection/sepsis?
- Head trauma/CVA?
- Meningitis/encephalitis?
- Metabolic encephalopathy?
- Psychiatric disorder?
- Post ictal state?
- Wernicke's/Korsakoff's
- Other?

**FOR SEVERE AGITATION/HALLUCINATIONS UNRESPONSIVE TO BENZODIAZEPINES**

*The doses below are recommended doses and not medication orders or general orders.*

- **DO NOT DISCONTINUE** Benzodiazepines when using Haloperidol.
- **DISCONTINUE** Metoclopramide
- Recommended Haloperidol doses – Prescriber Orders must be written

**For Patients 64 years of age or younger:**

- haloperidol 5-10 mg PO q4h PRN  
**OR if IV access available**
- haloperidol 2.5-5 mg IV/IM q3-4h PRN

**For Patients 65 years of age or older:**

- haloperidol 1-2 mg PO q4h PRN  
**OR if IV access available**
- haloperidol 0.5-1 mg IV q4h PRN
- haloperidol 1 mg IV q4h PRN

If Haloperidol prescribed, must complete the following diagnostic testing:

- EKG to assess QTc per cardiac monitoring guidelines (every 4 hours)